

**Department of Health and Human Services**  
**Substance Abuse and Mental Health Services**  
**Administration**  
**Drug-Free Communities (DFC) Support Program**  
**(Initial Announcement)**

**Funding Opportunity Announcement (FOA) No. SP-16-001**

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.276

**Key Dates:**

|   |   |
|---|---|
| <b>Application Deadline</b>   | <b>Applications are due by March 18, 2016</b>   |
| <b>Intergovernmental Review (E.O. 12372)</b>  | <b>Applicants <u>must</u> comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b> |
| <b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b> | <b>Applicants <u>must</u> send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>            |

## Table of Contents

|   |    |
|---|----|
| EXECUTIVE SUMMARY .....   | 4  |
| I. FUNDING OPPORTUNITY DESCRIPTION .....  | 5  |
| 1. PURPOSE .....  | 5  |
| 2. EXPECTATIONS .....   | 5  |
| II. AWARD INFORMATION .....   | 11 |
| III. ELIGIBILITY INFORMATION .....  | 11 |
| 1. ELIGIBLE APPLICANTS .....  | 11 |
| 2. COST SHARING and MATCH REQUIREMENTS .....  | 16 |
| IV. APPLICATION AND SUBMISSION INFORMATION .....  | 17 |
| 1. CONTENT AND GRANT APPLICATION SUBMISSION .....   | 17 |
| 2. APPLICATION SUBMISSION REQUIREMENTS .....  | 21 |
| 3. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS .....   | 21 |
| 4. FUNDING LIMITATIONS/RESTRICTIONS .....   | 21 |
| V. APPLICATION REVIEW INFORMATION .....   | 22 |
| 1. GENERAL INSTRUCTIONS .....   | 22 |
| 2. EVALUATION CRITERIA .....  | 23 |
| 3. APPLICATION SCORING INSTRUCTIONS .....   | 23 |
| 4. REVIEW AND SELECTION PROCESS .....   | 23 |
| 5. RESPONDING TO THE FOA .....  | 23 |
| VI. ADMINISTRATION INFORMATION .....  | 31 |
| 1. AWARD NOTICES .....  | 31 |
| 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .....  | 31 |
| 3. REPORTING REQUIREMENTS .....   | 32 |
| VII. AGENCY CONTACTS .....  | 33 |
| Appendix A – Sample Budget (Includes Budget Terminology and Sample Budget Narrative)....                          | 34 |
| Appendix B – Checklist for Formatting Requirements and Screen-Out Criteria for SAMHSA<br>Grant Applications ..... | 49 |

|  |     |
|--|-----|
| Appendix C – Guidance for Electronic Submission of Applications.....   | 51  |
| Appendix D – Coalition Involvement Agreements .....  | 58  |
| Appendix E – Assurance of Legal Eligibility .....  | 85  |
| Appendix F – Memorandum of Understanding between Grant Award Recipient/Legal Applicant<br>and Coalition..... | 85  |
| Appendix G – Assurance of One DFC Grant at a Time.....   | 88  |
| Appendix H – Assurance of DFC 10-Year Funding Limit .....  | 89  |
| Appendix I – Key Personnel, Resumes, CV’s and Position Descriptions .....                                    | 91  |
| Appendix J – General Applicant Information .....   | 92  |
| Appendix K – Intergovernmental Review (E.O. 12372) Requirements .....  | 94  |
| Appendix L – Disclosure of All Prior DFC Funding .....   | 96  |
| Appendix M – DFC National Cross-Site Evaluation Requirements.....  | 98  |
| Appendix N – Sample Congressional Notification .....   | 99  |
| Appendix O – Pre-Submission Verification Checklist.....  | 100 |
| Appendix P – Application Scoring Criteria .....  | 102 |
| Appendix Q – Glossary of Terms.....  | 106 |

## EXECUTIVE SUMMARY

The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) are accepting applications for Fiscal Year (FY) 2016 Drug-Free Communities (DFC) Support Program grants. The purpose of the DFC Support Program is to establish and strengthen collaboration to support the efforts of community coalitions working to prevent youth substance use.

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| <b>Funding Opportunity Title:</b>           | Drug-Free Communities (DFC) Support Program  |
| <b>Funding Opportunity Number:</b>          | SP-16-001  |
| <b>Due Date for Applications:</b>           | March 18, 2016   |
| <b>Anticipated Total Available Funding:</b> | \$8,750,000  |
| <b>Estimated Number of Awards:</b>          | Approximately 70 grant awards  |
| <b>Estimated Award Amount:</b>              | Up to \$125,000 per year   |
| <b>Cost Sharing/Match Required</b>          | Cash or In-Kind match is required<br><br>See Section III - 2 of this FOA for cost sharing/match requirements.  |
| <b>Length of Project Period:</b>            | Up to 5 years  |
| <b>Eligible Applicants:</b>                 | Eligible applicants are community-based coalitions addressing youth substance use that have never received a DFC grant; or have previously received a DFC grant, but experienced a lapse in funding; or have concluded the first five-year funding cycle and are applying for a second five-year funding cycle. Applicants <b><u>must</u></b> meet all Statutory Eligibility Requirements. See <a href="#">Section III-1</a> of this FOA for complete eligibility information. |

# I. FUNDING OPPORTUNITY DESCRIPTION

## 1. PURPOSE

The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) are accepting applications for Fiscal Year (FY) 2016 Drug-Free Communities (DFC) Support Program grants. The DFC Support Program has two goals:

1. Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as Federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth\*.
2. Reduce substance use among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

\*For the purposes of this FOA, “youth” is defined as individuals 18 years of age and younger.

The DFC Support Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20). This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

**Failure to use the correct FOA will result in an application being screened out and not proceeding to peer review.**

## 2. EXPECTATIONS

Grants awarded through the DFC Support Program are intended to support **established community-based youth substance use prevention coalitions** capable of effecting community-level change. For the purposes of this FOA and the DFC Support Program, **a coalition is defined as a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.** DFC grant award recipients, also referred to as ‘recipients’, are expected to conduct the day-to-day operations of the grant program. DFC recipients are not permitted to serve as a conduit for DFC funds passing through them or to another agency.

Coalitions receiving DFC funds are expected to work with leaders in their communities to identify and address local youth substance use problems and create sustainable community-level change through the use of the Seven Strategies for Community Level Change. For more information on these strategies, please refer to page 8 of the Expectations section of this FOA.

The DFC Support Program does **not** fund the following (not a fully exhaustive list):

- After-school programs
- Youth mentoring programs
- Sports programs
- Treatment services/programs/facilities
- Drug courts
- Construction
- Park lighting
- Landscaping/neighborhood revitalization projects

SAMHSA strongly encourages all recipients to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

**NOTE: SAMHSA requires electronic submission of grant applications through Grants.gov.** Grants.gov will reject applications submitted after 11:59 PM Eastern Time on the application due date.

Some applicants living in remote and rural areas may be unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship.

In these cases, applicants may apply for a waiver of the electronic submission. The waiver **must** be submitted at least 15 days prior to the application receipt date. If the waiver is approved, the applicant will be permitted to submit a paper application. The process for applying for a waiver is described in [Appendix C](#).

The waiver is only considered for applicants with persistent lack of access to the internet. No other exceptions will be made.

## **2.1 Strategic Prevention Framework**

DFC-funded coalitions are expected to utilize SAMHSA's Strategic Prevention Framework (SPF) as the planning model to develop long-range plans. The SPF is a five-step evidence-based process for community planning and decision-making. Cultural competence and sustainability should be considered throughout all five steps of the process, which includes:

1. **Assessment:** Identify local youth substance use problems and the community conditions that contribute to the specific identified issues.
2. **Capacity:** Mobilize/build capacity to change the conditions and address the youth substance use problems.

3. **Planning:** Develop a logic model, comprehensive 12-month Action Plan, and multi-year Strategic Plan.
4. **Implementation:** Implement action and strategic plans with multiple objectives, strategies, and activities.
5. **Evaluation:** Monitor, sustain, improve, or replace prevention activities, efforts, and strategies.

For more information on SPF, visit [www.samhsa.gov/capt/applying-strategic-prevention-framework](http://www.samhsa.gov/capt/applying-strategic-prevention-framework).

## 2.2 Community Definition

Applicants are expected to define the communities they propose to serve. The DFC Support Program **does not** prescribe the demographics or geographic location of DFC-funded community coalitions. DFC grant recipients may use various geographic boundaries including neighborhoods, census tracts, zip codes, and school districts, as well as townships, counties, or parish lines, among others, to define their community. Applicants should be realistic about the size and population of the area in which the coalition will have the ability to create change. For example, choosing a community that is too large may be problematic due to inclusion of neighborhoods that have significantly different problems to be addressed.

The DFC Support Program **does not** make funding decisions based on geographic boundaries (e.g., number of grants within states/towns/cities). Applicants should consider that adjacent neighborhoods/towns/cities with DFC-funded community coalitions operating in different areas are encouraged. However, multiple DFC recipients may not serve the same zip code(s) unless there is written evidence of cooperation between the overlapping coalitions. See **Section III-1, Table 1, Requirement 9** of this FOA for information on written evidence of cooperation.

## 2.3 Community Level Change

Applicants are expected to choose strategies that will lead to community level change. Such strategies seek to: (1) limit access to substances; (2) change the culture and context within which decisions about substance use are made; and/or (3) shift the consequences associated with youth substance use. Evidence exists that well-conceived and implemented policies at the local, state, and national levels can reduce community level alcohol, tobacco, and other drug problems.

The DFC Support Program requires that coalitions develop and implement a comprehensive 12-Month Action Plan to prevent youth substance use. **A comprehensive 12-Month Action Plan will include an appropriate mixture of all seven strategies listed below.** Applicants are not required to name the seven strategies, identified below, in their 12-Month Action Plan but should use them as a framework for ensuring a comprehensive plan.

The Seven Strategies for Community Level Change, a conceptual understanding of strategies a coalition may employ, include efforts that affect individuals as well as an entire community.

### Seven Strategies for Community Level Change

1. **Provide Information:** Educational presentations, workshops or seminars, and data or media presentations (e.g., Public Service Announcements (PSAs), brochures, town halls, forums, web communications).
2. **Enhance Skills:** Workshops, seminars, or activities designed to increase the skills of participants, members, and staff (e.g., training and technical assistance, parenting classes, strategic planning retreats, model programs in schools).
3. **Provide Support:** Creating opportunities for participation in activities that reduce risk or enhance protection (e.g., alternative activities, mentoring, referrals for service, support groups, youth clubs).
4. **Enhance Access/Reduce Barriers:** Improving systems/processes to **increase** the ease, ability, and opportunity to utilize those systems and services (e.g., assuring transportation, housing, education, safety, and cultural sensitivity) in prevention initiatives. **Reduce Access/Enhance Barriers:** Improving systems/processes to **decrease** the ease, ability, and opportunity for youth to access substances (e.g., raising the price of single-serve cans of alcohol, implementing retail alcohol/tobacco compliance checks).
5. **Change Consequences:** Increasing or decreasing the probability of a behavior (incentives/disincentives) by altering the consequences for performing that behavior (e.g., increasing taxes, citations, and fines; revocation/loss of driver's license).
6. **Change Physical Design:** Changing the physical design of the environment to reduce risk or enhance protection (e.g., re-routing foot/car traffic, adjusting park hours, alcohol/tobacco outlet density). **NOTE:** DFC Federal funds **cannot** support landscape and lighting projects. As such, costs for these projects cannot be used as match.
7. **Modify/Change Policies:** Formal change in written procedures, by-laws, proclamations, rules, or laws (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change). **NOTE:** As per both HHS/SAMHSA and ONDCP guidelines, lobbying with Federal dollars **is not** permitted. As such, costs for lobbying cannot be used as match.

For more information on the Seven Strategies for Community Change, visit <http://www.cadca.org/resources/coalition-impact-environmental-prevention-strategies>.

**NOTE:** Applications funded by the DFC Program are **required** to comply with the following Term and Condition regarding DFC recipient restrictions on lobbying:



(c) Title 18 > Part I > Chapter 93 > Section 1913: **No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, a jurisdiction, or any official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation.**

## **2.4 DFC National Cross-Site Evaluation**

DFC grant award recipients are required to participate in the DFC National Cross-Site Evaluation, intended to measure the effectiveness of the DFC Support Program in reducing youth substance use. **DFC recipients are required to provide data every two years on the following core measures for alcohol, tobacco, marijuana, and prescription drugs for three grades (6-12<sup>th</sup>):**

1. Past 30-day use
2. Perception of risk or harm
3. Perception of parental disapproval of use
4. Perception of peer disapproval of use

\* It is recommended that data be collected for at least one middle school and one high school grade.

Applicants **must** provide information about their ability to comply with the DFC National Cross-Site Evaluation Requirements - refer to [Appendix M](#) for more information.

If a successful Year One DFC applicant did **not** have the core measures **at the time of** application and/or award of the grant, the coalition will be required to submit a data collection plan to their Government Project Officer outlining specifically how the coalition will comply with the data reporting requirements. The data collection plan is due no later than 60 days after the start of the grant award. Also, the coalition will have two years from the time of award to report its first complete set of core measure data.

If awarded a grant, it is the responsibility of the coalition to know the National Cross-Site Evaluation reporting schedule. An inability to supply the previously mentioned core measures in the specific increment (every 2 years) for the substances named from the grades required means a coalition is out of compliance with the grant's Terms and Conditions. Failure to comply with the Terms and Conditions of the DFC grant award may result in suspension or termination of the award.

## 2.5 DFC New Grant Award Recipient Training Requirement

Recipients are required to send two individuals to the three-day DFC New Grant Award Recipient Training: one **must** be the person charged with daily programmatic oversight of the coalition, the other **must** be the person charged with financial oversight responsibilities for the DFC grant award. The training will be held in Washington, DC in the first year of the grant award. The DFC New Grant Award Recipient Training usually takes place in early December.

## 2.6 National Coalition Academy Requirement

The National Coalition Academy (NCA) is a three-week training program spread out over the course of several months. It is designed to train coalitions in the SPF process and guide the creation of the products necessary for successful coalition functioning and management. Costs associated with the NCA are generally limited to travel (e.g., flight, car rental, per diem). Lodging, dependent upon location, may be provided. There are several locations across the United States where the NCA is held.

All new grant recipients **must** send two people to the NCA. Specifically, key personnel in charge of the coalition's daily operations (program director or project coordinator) **must** attend all three weeks of the NCA and graduate. The second mandatory person to attend can vary each week; for example, a coalition may choose to send a coalition staff member or a community member to the NCA if awarded the DFC grant.

It is highly recommended that you contact the National Coalition Institute immediately after being awarded the DFC grant to register for the NCA location of your choice. More information on the NCA can be found at <http://www.cadca.org/nca>.

## 3. Pre-Application Workshops

Applicants applying for the first time (Year One), current recipients applying for a second cycle of five years of funding (Year Six), or former recipients who experienced a lapse in funding during a five-year cycle, are encouraged to attend one of the following pre-application workshops. To register for a workshop listed below, go to: <https://www.cmpinc.net/dfc>.

- Tuesday, January 12, 2016 Philadelphia, PA
- Thursday, January 14, 2016 Wilmington, DE
- Friday, January 22, 2016 El Paso, TX
- Friday, February 5, 2016 National Harbor, MD

These workshops **are not** mandatory in order to apply for this grant. The workshops provide technical assistance to help applicants complete the application. Please read this FOA in advance so you are prepared to ask questions related to the completion of an application.

If an applicant is unable to travel to a workshop, a recorded version will be posted to the DFC website by mid-January 2016. The workshop registration link and the link for the online videos can be found at <https://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program>.

## II. AWARD INFORMATION

**Proposed budgets must not exceed \$125,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all grant award Terms and Conditions. Failure to comply with the Terms and Conditions of award may result in suspension or termination of the award.

**Applicants should be aware that award amounts are subject to the availability of funds.**

To apply for a DFC grant under this FOA, a coalition **must** fall into one of the following three categories:

1. A coalition that has never received a DFC grant;
2. A coalition that is ending or has concluded the first five-year funding cycle and is applying for a second five-year funding cycle (Year 6); or
3. Coalitions that have previously received DFC funding, but experienced a lapse in their five-year funding cycle, may apply for funding to complete their five-year funding cycle.

Recipients will be awarded funds for one year beginning on September 30, 2016. Funds for subsequent years within a grant cycle are distributed on an annual basis as non-competing continuation awards. Each year, recipients **must** demonstrate compliance with the DFC Statutory Eligibility Requirements.

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

**Statutory Eligibility Requirements, written into the DFC Act, are inherent in the language of the DFC Support Program.** Applicants should refer to **Table 1: Statutory Eligibility Requirements**, which contains a summary of the minimum documentation applicants **must** provide to meet these criteria. The table also specifies evidence required and where to place it in the application (e.g., as an attachment, in the Project Narrative, or in the Budget Narrative). **Failure to meet any single statutory eligibility requirement will cause the application to be deemed ineligible; in such case it will not move forward to peer review.** Should your application fail to meet the eligibility requirements, the person listed as the **Business Official** on the Application for Federal Assistance (SF-424) will receive a letter stating why the application was deemed ineligible. **No additional information may be added to an application after it**

**has been submitted.** Final authority lies with the DFC Administrator to determine the eligibility of an application.

**NOTE: Coalitions that have already received 10 years of DFC funding are not eligible to apply for this grant.**

All DFC applications will be jointly screened by ONDCP and SAMHSA to determine whether an applicant meets all the DFC Support Program Statutory Eligibility Requirements identified in Table 1. In addition, the non-profit status of the legal applicant (if applicable) will be verified along with its ability to fiscally manage Federal funds. Applications submitted by eligible coalitions that demonstrate they meet all requirements will then be scored through a peer review process according to the evaluation criteria described in the Application Review Information of this FOA. Each year, DFC recipients **must** demonstrate compliance with all of the Statutory Eligibility Requirements to be considered for continuation funding.

A DFC legal applicant (an organization applying on behalf of a coalition, the coalition, or the applicant coalition) **must** reside within the United States and/or the U.S. Territories. The intent of the DFC Support Program is to fund coalition activities in the United States and does not authorize the funding of organizations or activities outside the United States.

**Table 1: Statutory Eligibility Requirements**

| <b>Eligibility Requirement Item:</b>  | <b>Evidence Required and Where to Document:</b>   |
|---|---|
| <b>Requirement 1: 12 Sectors</b>  | <b>Evidence Required:</b>   |
| <p>The coalition <b><u>must</u></b> consist of one or more representatives from each of the following <b>required 12 sectors</b>:</p> <ul style="list-style-type: none"> <li>• Youth (18 or younger)</li> <li>• Parent</li> <li>• Business</li> <li>• Media</li> <li>• School</li> <li>• Youth-serving organization</li> <li>• Law enforcement</li> <li>• Religious/Fraternal organization</li> <li>• Civic/Volunteer groups (i.e., local organizations committed to volunteering, not a coalition member designated as a “volunteer”)</li> <li>• Healthcare professional or organization (i.e., primary care, hospitals, etc.)</li> <li>• State, local, or tribal governmental agency with expertise in the field of substance abuse (including, if applicable, the state agency with</li> </ul> | <p>A Coalition Involvement Agreement (CIA) for each of the 12 sector members.</p> <p><b>Where to Document: Attachment 1: 12 CIAs</b></p> <p><b>For Additional information, please refer to Section V-5.5 and <a href="#">Appendix D</a></b></p> <p><b>Note:</b> Coalition members <b>cannot</b> represent more than one sector category and paid staff <b>cannot</b> serve as sector representatives. Doing so will deem an application ineligible and the application will not proceed to peer review.</p> |

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| <p>primary authority for substance abuse)</p> <ul style="list-style-type: none"> <li>• Other organization involved in reducing substance abuse</li> </ul> <p>(21 USC 1531 §1032 (a)(2)(A))</p> <p>An individual who is a member of the coalition may serve on the coalition as a representative of <b>not more than one sector category</b>.</p> <p>(21 USC 1531 §1032 (a)(2)(C))</p>  |  |
| <b>Requirement 2: Six Month Existence</b>  | <b>Evidence Required:</b>  |
| <p>The coalition <b><u>must</u></b> demonstrate that members have worked together on substance abuse reduction initiatives for a period of <b>not less than 6 months at the time of submission of the application</b>, acting through entities such as task forces, subcommittees, or community boards.</p> <p>(21 USC 1531 §1032 (a)(3)(A))</p> <p>The coalition <b><u>must</u></b> also demonstrate <b>substantial participation from volunteer leaders</b> in the community.</p> <p>(21 USC 1531 §1032 (a)(3)(B))</p> | <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>- <b>Attachment 2</b> –Coalition minutes from two separate meetings that took place between March 2015 and the deadline for submission of this application.</li> </ul> <p><b>For Additional information, please refer to Section V-5.5</b></p> |
| <b>Requirement 3: Mission Statement</b>  | <b>Evidence Required:</b>  |
| <p>The coalition <b><u>must</u></b> have as its principal mission the reduction of youth substance use, which, at a minimum, includes the use and abuse of drugs in a comprehensive and long-term manner, with a primary focus on youth in the community.</p> <p>(21 USC 1531 §1032 (a)(3)(B)(4)(A))</p>   | <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>- <b>Attachment 3</b> – Coalition’s Mission Statement</li> </ul> <p><b>For Additional information, please refer to Section V-5.5</b></p>   |
| <b>Requirement 4: Multiple Drugs of Abuse</b>  | <b>Evidence Required:</b>  |
| <p>The coalition <b><u>must</u></b> have developed a 12-Month Action Plan to reduce substance use among youth which <b>targets multiple drugs of abuse</b>.</p> <p>Substances may include, but are not limited to, narcotics, depressants, stimulants, hallucinogens, inhalants, marijuana, alcohol, and tobacco, where youth use is prohibited by Federal, state, or local law.</p> <p>(21 USC 1531 §1032 (a)(4)(D))</p>  | <p>12-Month Action Plan that identifies <b>two drugs of use to be addressed</b> by the coalition.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>- Project Narrative</li> </ul>   |

| <b>Requirement 5: DFC National Evaluation Requirement</b>  | <b>Evidence Required:</b>  |
|--|--|
| <p>The coalition <b><u>must</u></b> establish a system to <b>measure and report</b> outcomes, established and approved by the DFC Administrator, to the Federal government. (21 USC 1531 §1032 (a)(5)(A))</p>  | <p>Applicants <b><u>must</u></b> demonstrate ability to comply with the DFC National Cross-Site Evaluation requirements.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>- <b>Attachment 12</b> - DFC National Cross-Site Evaluation Information</li> </ul> <p><b>For Additional information, please refer to Section I-2.4, Section V-5.5 and <a href="#">Appendix M</a>.</b></p>                 |
| <b>Requirement 6: Entity Eligible to Receive Federal Grants</b>  | <b>Evidence Required:</b>  |
| <p>The applicant <b><u>must</u></b> demonstrate that the coalition is an ongoing concern by demonstrating <b>that the coalition is a non-profit organization or has made arrangements with a legal entity that is eligible to receive Federal grants.</b> (21 USC 1531 §1032 (a)(5)(A))</p> <p>Organizations eligible to receive Federal funds as DFC grant recipients <b><u>must</u></b> be legally recognized domestic public or private nonprofit entities. For example, state and local governments, Federally recognized tribes, state recognized tribes, urban Indian organizations (as defined in P.L. 94-437, as amended), public or private universities and colleges, professional associations, voluntary organizations, self-help groups, consumer and provider services-oriented constituency groups, community- and faith-based organizations, and tribal organizations.</p> <p>DFC grant recipient Financial Management Requirements:</p> <p>Federal regulations governing SAMHSA grants (45 CFR Part 75) provide standards for financial management systems of grant award recipient organizations. To determine whether grant recipients have financial management systems that</p> | <p>Statement of Legal Eligibility.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>- <b>Attachment 4 –Signed Assurance of Legal Eligibility or Memorandum of Understanding (MOU)</b> between the applicant coalition and recipient/legal applicant.</li> </ul> <p><b>For Additional information, please refer to Section V-5.5, <a href="#">Appendix E</a> and <a href="#">Appendix F</a>.</b></p> |

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| conform to those standards, SAMHSA's Office of Financial Advisory Services (OFAS) perform Financial Capability Reviews of new or prospective grant recipients. If needed, OFAS will request that the grant recipient take necessary corrective action to conform to the financial management standards. For more information, go to <a href="http://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements">http://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements</a> |   |
| <b>Requirement 7: Substantial Support from Non-Federal Sources</b>  | <b>Evidence Required:</b>   |
| The coalition <b><u>must</u></b> have a strategy to solicit <b>substantial financial support from non-Federal sources to ensure that the coalition is self-sustaining.</b><br>(21 USC 1531 §1032 (a)(5)(C)) &<br>(21 USC 1531 §1032 (b)(1)(A)(i))   | Budget narrative which describes matching funds.<br><br><b>Where to Document:</b><br>- SF-424, Section 18<br>- SF-424A<br>- Budget Narrative<br><br><b>For Additional information, please refer to Section V-5.4</b>  |
| <b>Requirement 8: Federal Request</b>   | <b>Evidence Required:</b>   |
| The applicant <b><u>must not</u></b> request more than <b>\$125,000</b> in Federal funds per year.<br>(PL 109-469 §803)   | The budget <b>may not exceed \$125,000/year.</b><br><br><b>Where to Document:</b><br>- SF-424, Section 18<br>- SF-424A<br>- Budget Narrative<br><br><b>For Additional information, please refer to Section II – Award Information.</b>  |
| <b>Requirement 9: Zip Code Overlap</b>  | <b>Evidence Required:</b>   |
| Two DFC-funded coalitions <b>may not</b> serve the same zip code(s) <b>unless both coalitions have clearly described their plan for collaboration</b> in their application and each coalition has independently met the eligibility requirements.<br>(21 USC 1531 §1032 (a)(5)(C))  | An applicant that proposes to serve a geographical area which overlaps with a community served by other applicant coalitions or existing DFC coalitions <b><u>must</u></b> provide a Letter of Mutual Cooperation between these coalitions acknowledging the geographical overlap and their efforts to collaborate. |

|   |   |
|---|---|
|   | <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>- <b>Attachment 5</b> – Letter(s) of Mutual Cooperation, signed by both coalitions, <b>or</b> statement that there is no overlap between the applicant and other coalitions.</li> <li>- <b>Attachment 9</b> – General Applicant Information Table (Appendix J).</li> </ul> <p><b>For Additional information, please refer to Section V-5.5.</b></p> |
| <b>Requirement 10: One grant at a time</b>  | <b>Evidence Required:</b>   |
| Grant recipients may be awarded only one grant at a time through the DFC Support Program.         | <p>Applicants <b>must</b> sign and submit the Assurance of One DFC Grant at a Time.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>- <b>Attachment 6</b> – Assurance of One DFC Grant at a Time (Appendix G).</li> </ul> <p><b>For Additional information, please refer to Section V-5.5.</b></p>  |
| <b>Requirement 11: No more than 10 years of DFC funding</b>                                       | <b>Evidence Required:</b>   |
| In order to receive a DFC grant, coalitions <b>may not have received 10 years</b> of DFC funding. | <p>Applicants <b>must</b> sign the Assurance of DFC 10-Year Funding Limit in <a href="#">Appendix H</a>.</p> <p><b>Where to Document:</b></p> <ul style="list-style-type: none"> <li>- <b>Attachment 7</b> – Assurance of DFC 10-Year Funding Limit</li> </ul> <p><b>For Additional information, please refer to Section V-5.5.</b></p>   |

## 2. COST SHARING and MATCH REQUIREMENTS

The DFC authorizing legislation requires recipients to demonstrate that they have matching funds (“match”) from non-Federal sources equivalent to or greater than Federal funds requested from the DFC Support Program. Applicants **must** itemize the match separately in the budget and explain the match separately in the Budget Narrative. A sample Budget Narrative is provided in



[Appendix A](#) of this FOA. Applicants in their first cycle of DFC funding (Year One - Year Five), and those in Year Six, are required to have 100 percent match (1:1) from non-Federal sources. Beginning in Year Seven, the percentage increases. **The table below indicates the percentage of match required for DFC grant recipients in each year of the grant.**

**Table 2: Percentage of Match**

| <b>Year of Funding Requested</b> | <b>Matching Requirement</b> |
|----------------------------------|-----------------------------|
| 1-6                              | 100%                        |
| 7-8                              | 125%                        |
| 9-10                             | 150%                        |

Cash or in-kind support may be used for the match requirement. In-kind support includes the value of goods and services donated to the operation of the DFC coalition, including but not limited to office space, volunteer secretarial services, pro bono accounting services, and other volunteer services to support the coalition's work. **All match must follow Federal cost principles (see Section IV-4). Applicants cannot submit match that would not be an allowable expense of DFC funds.** A match level over the required amount **will not** result in a higher peer review score. **All proposed match is an obligation on the part of the applicant.**

Federal funds, including those passed through a state or local government **cannot** be used toward the required match. The **only** exception in the DFC Support Program is in the case of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance abuse and serving a tribal community.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. CONTENT AND GRANT APPLICATION SUBMISSION**

You **must** go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://www.samhsa.gov/grants/applying>) to download the required documents you will need to apply for the DFC Support Program.

#### **GRANTS.GOV**

The following information provides details on downloading the required documents you will need from Grants.gov (see [Appendix C](#) for information on applying through Grants.gov). To view and/or download the required application forms, you **must** first search for the appropriate funding announcement number also known as the Funding Opportunity Number. For guidance on how to download forms from Grants.gov, go to [Appendix C](#).

On the Grants.gov site (<http://www.Grants.gov>), select the Apply for Grants option from the Applicants Tab at the top of the screen. Under STEP 1, click on the red button labeled:

‘Download a Grant Application Package’. Enter either the Funding Opportunity Number (SAMHSA’s FOA #) or the Catalogue of Federal Domestic Assistance (CFDA) Number exactly as they appear on the cover page of this FOA, then click the Download Package button. In the Instructions column, click the Download link.

You can view, print, or save all of these forms. Completed forms can also be saved and printed for your records. The following forms are required for all applications:

- Application for Federal Assistance (SF-424);
- Budget Information – Non-Construction Programs (SF-424A);
- Project/Performance Site Location(s) Form;
- Disclosure of Lobbying Activities; and
- Checklist.

Applications that **do not** include these required forms will be screened out and will not be peer-reviewed.

### **SAMHSA’s Grants Website**

You will find additional materials required to complete your application on SAMHSA’s website (<http://www.samhsa.gov/grants/applying> ). These include:

- Funding Opportunity Announcement (FOA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the FOA;
- Assurances – Non-Construction Programs; and
- Certifications and other forms, i.e., HHS690 & SMA170, etc.

**IMPORTANT NOTE: Please refer to [Appendix B](#) for formatting requirements and screen out criteria that will reject an application.**

Be sure to check the SAMHSA website periodically for any updates on this grant program.

### **1.1 Required Application Components**

Applications **must** include all required application components. These components **must** be submitted in the order detailed below. Please refer to [Appendix B](#) and [Appendix C](#) for additional formatting and submission requirements (e.g., font size, page margins, Grants.gov instructions, etc.).

- **Application for Federal Assistance (SF-424):** This form **must** be completed by applicants for all SAMHSA grants. **NOTE:** Applicants **must** provide a Dun and

Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dnb.com/get-a-duns-number.html> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you **must** be registered in the System for Award Management (SAM). **Registration in SAM is mandatory for any applicant of the DFC Support Program. Failure to register with SAM will lead to an application being deemed ineligible and will not proceed to peer review. It takes up to 72 hours for a SAM registration to be processed. Do not wait until the day the application is being submitted to register for SAM, as there will not be enough time for the registration to process and your application will not make the deadline. SAM information must be updated at least every 12 months to remain active (for both grant recipients and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in SAM. To create a user account, Register/Update an entity and/or Search Records go to SAM, at <https://www.sam.gov>.** Applications submitted without an active DUNS and SAM registration will be screened out and not proceed to peer review. No waivers or exceptions to this requirement will be provided.

**NOTE:** If an applicant's SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. This can take up to one month. It is highly recommended that applicants renew their accounts prior to the expiration date. The account update process takes only 24-48 hours.

- **Budget Information Form:** Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix A](#) of this document. Your completed SF-424A should reflect the final numbers as they appear in your Budget Narrative.
- **Table of Contents:** The bottom right corner of every page in the application **must be numbered**, including the Attachments, beginning with the Table of Contents as Page 1. In the Table of Contents, include the page numbers for each of the major sections of the application and each attachment. Hand numbering of pages is allowable.
- **Community Overview:** The Community Overview describes the key features of the community. It should be **no longer than 1 page** in length.

- **Project Narrative:** The Project Narrative (Section V-5.3 of this FOA) describes the efforts the coalition will undertake to address youth substance use. It consists of five questions and must be **no longer than 25 pages**.
- **Budget Narrative:** The Budget Narrative (Section V-5.4 of this FOA) provides narrative detail about both the Federal request and the non-Federal match.
- **Attachments 1 through 13:** Please clearly label each attachment provided. Applications with additional attachments will **not** receive a higher score. All attachments must be labeled and identified with a page number.
- **Assurances:** Non-Construction Programs. Applicants must read the list of assurances provided on the SAMHSA website at <http://www.samhsa.gov/grants/applying/forms-resources> and **check the box marked ‘I Agree’** before signing the face page (SF-424) of the application. **Do not include the list of assurances with your application.**
- **Certifications:** Applicants must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the face page (SF-424) of the application. **Do not include the list of certifications with your application.**
- **Project Performance Site Location(s) Form:** The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form is included with the application package found on the Grants.gov website.
- **Disclosure of Lobbying Activities:** Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes “grassroots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or referendums/initiatives to urge those representatives to vote in a particular way. This form is included in the application package and must be submitted by all applicants applying for a DFC grant. If not applicable please indicate on form.
- **Checklist:** The Checklist ensures that you have obtained the proper signatures, assurances, and certifications. You must **complete the entire form** including the top portion “Type of Application,” indicating this DFC application is a New (Year 1 or Year 6), and **not** a Non-Competing Continuation, Competing Continuation or Supplemental application, as well as Parts A through D. This checklist is included in the Grants.gov application packet.

- **Documentation of non-profit status** as required in the Checklist.
- **Pre-Submission Verification Checklist:** Use the checklist found in [Appendix O](#). This verification ensures that you have accurately documented the eligibility requirements and included all major components of the application.

## 1.2 Application Formatting Requirements

Applications **must** comply with SAMHSA’s formatting requirements. Please refer to [Appendix B, Checklist for Formatting Requirements and Screen-Out Criteria for SAMHSA Grant Applications](#), for SAMHSA’s basic application formatting requirements. **Applications that do not comply with these requirements will be screened out and will not proceed to peer review.**

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 18, 2016**.

**Applications must be submitted through <http://www.Grants.gov>.** Please refer to [Appendix C](#), “Guidance for Electronic Submission of Applications.” SAMHSA requires electronic submission for all grant applications. **Within 30 days of receipt of an application, applicants will be notified by postal mail that the application has been received.** If an applicant submits an application on time and does not receive notification within that 30-day timeframe, the applicant should contact SAMHSA’s Division of Grant Review at 240-276-1199 for additional information.

## 3. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (E.O.) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See [Appendix K](#) for additional information on these requirements as well as requirements for the Public Health Impact Statement.

## 4. FUNDING LIMITATIONS/RESTRICTIONS

The standards set forth in 45 CFR Part 75 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, became effective December 26, 2014. Cost principles describing allowable and unallowable expenditures for HHS grant recipients, including SAMHSA grant recipients, are provided in 45 CFR Part 75.

**Table 3: Cost Principles**

| <b>Applies to:</b>                         | <b>Cost Principle:</b>   |
|--|--|
| Educational Institutions                   | 45 CFR Part 75 UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS |
| State, Local and Indian Tribal Governments |  |
| Nonprofit Organizations                    |  |
| Hospitals                                  |  |

In addition, SAMHSA's DFC Support Program grant recipients **must** comply with the following funding restrictions:

- Food is **generally** unallowable. Exceptions within the DFC Support Program may include food used as a small incentive (not to exceed \$2.50 per person) to encourage participation in a community-wide event. Food costs are **not** allowable for general coalition or subcommittee meetings.
- No more than **10 percent** of the total grant award may be used for **data collection and evaluation** purposes unless approved by a SAMHSA Government Project Officer and Grants Management Specialist.
- DFC grant funds may **not** be passed through by contract or any other method to another entity to conduct the substantive programmatic work on the program. The funded coalition is expected to perform the substantive role and manage the efforts carried out by this grant.
- The person charged with financial oversight responsibilities for the DFC grant award must be an employee of the recipient organization and identified in the personnel budget category.
- DFC grant funds may **not** be used to provide funding to community organizations through mini-grants, including one coalition funding another coalition.
- DFC grant funds may **not** be utilized for the following: law enforcement equipment, drug search detection canines or related training, drug courts, lighting, or community gardening efforts.
- DFC grant funds may not be used for stipends, as defined in the HHS Grants Policy Statement (GPS).

## **V. APPLICATION REVIEW INFORMATION**

### **1. GENERAL INSTRUCTIONS**

For FY 2016, there are **five questions** in the Project Narrative (Section A) and only these questions may be used when applying for FY 2016 DFC funding. **Failure to use the correct FOA will result in an application being screened out and not proceeding to peer review.**

## 2. EVALUATION CRITERIA

The DFC Support Program’s peer review process utilizes experienced substance abuse prevention specialists to serve as peer reviewers. Each application is assigned to a panel of three peer reviewers for scoring, and the composite of the three scores becomes the application’s final score. Upon full completion of the statutory eligibility review process and review of final scores, ONDCP begins funding with the highest scoring grant until all funds are exhausted.

**NOTE:** The DFC Act **requires that all** applications be considered and reviewed equally. A Year Six applicant’s past DFC funding is **not** a factor in funding decisions. **Those applying for Year Six funding do not receive a higher priority than those applying for Year One funding.**

In addition, grants **are not** awarded based on how many DFC-funded coalitions are within a geographic boundary (e.g., state, county, city).

## 3. APPLICATION SCORING INSTRUCTIONS

Peer reviewers will score the five questions that comprise the Project Narrative by totaling the points for each question to create a cumulative score (scores will range from 0 to 100 points).

### 3.1 Project Narrative Scoring

All applications that proceed beyond the statutory eligibility requirements screening will go to peer review to be scored on a 100-point scale. The primary funding decision criterion is the application’s final peer review score. All final grant award decisions will be made by ONDCP’s DFC Administrator, consistent with the DFC Act of 1997. ONDCP may also take into consideration factors relating to rural, American Indian/Alaska Native, and economically disadvantaged communities.

## 4. REVIEW AND SELECTION PROCESS

Applications will be screened jointly by ONDCP and SAMHSA to determine whether applicants meet all Statutory Eligibility Requirements as outlined in Table 1. Applications submitted by coalitions that meet all Statutory Eligibility Requirements will then be scored by a peer review panel. The scoring criteria can be found in [Appendix P](#) of this application.

## 5. RESPONDING TO THE FOA

### 5.1 Community Overview (Not Scored)

The Community Overview should be placed after the Table of Contents. Type the heading **Community Overview**, then describe the community the applicant coalition intends to serve. This is the applicant’s opportunity to educate the peer reviewers about the community, enabling them to understand the context in which the coalition will operate. The Community Overview is

**not** scored, does **not** count toward the 25 page limit, can be **no more than** one page in length, and should include the following information:

- Describe the community, including demographics and aspects of diversity such as age, race, ethnicity, gender, socioeconomic status, culture, religion, and sexual orientation.
- Provide a historical perspective focusing on shifts or events that have had an impact on youth substance use.

## **5.2 SECTION A: PROJECT NARRATIVE (SCORED: MAXIMUM OF 100 POINTS)**

In writing the Project Narrative use the instructions below, which have been tailored to the DFC Support Program.

- The Project Narrative **cannot** be longer than **25 pages**. Applications with a Project Narrative that exceeds the **25 page limit** will be deemed ineligible and will not go to peer review.
- Restrictions related to font size and page margins found in Appendix B **must** be followed or the application will be deemed ineligible and will not proceed to peer review.
- Respond to each question individually, building upon previous responses so all answers together tell a cohesive story of the community, the coalition, and their efforts to prevent and reduce youth substance use.
- Write all responses and required information under the correct question. Answer each question completely. In the event an applicant cannot respond to a specific bullet, the applicant **must** explain why they are unable to respond and offer a possible solution. The Project Narrative will be scored by how well each of the bullets is answered.
- **Do not** direct peer reviewers to a previous answer in response to another question. **Do not** direct peer reviewers to documents in the Attachments.

## **5.3 Section A: Project Narrative Questions**

The following **five questions** enable applicants to tell the story of their current and planned efforts to prevent youth substance use in their community. Bolded questions are followed by bulleted items outlining the **required** components of each response. Applicants are required to type the question number followed by the **bolded** question. Applicants are not required to retype the bullets, but **must** answer each bullet completely. Responses **must** follow each question and address all bullets.

## **COALITION HISTORY & COALITION MEMBER INVOLVEMENT**

### **5.3.1 Discuss the coalition's capacity to create community change concerning youth substance use? (10 points)**



- Describe the formation and history of the coalition (i.e., coalition's development, community readiness).
- Describe the coalition's organizational structure.
- Describe how each of the 12 sector members were identified, selected, and their role in the coalition to prevent and reduce youth substance use.
- Describe how the coalition will ensure cultural competency.
- Describe the coalition's current and proposed role within the community of focus.

## **STATEMENT OF THE PROBLEM**

### **5.3.2. Discuss how the community youth substance use issues are impacting public health and public safety? (25 points)**

- Describe the youth substance use problems in your community as well as their effects on adults and families.
- Describe the unique local conditions that contribute to youth substance use including risk factors and the absence of protective factors. Also address associated consequences.
- Describe relevant social indicator data for youth substance abuse (i.e., school dropout rates, suspensions, juvenile court, ER admissions, etc.)
- Using needs assessment data provide current quantitative and qualitative data on youth substance use for alcohol, tobacco, marijuana, and prescription drugs for the following four measures: past 30-day use, perception of risk/harm of use, perception of parental disapproval of use, and perception of peer disapproval of use.
- Based on information described above, identify the minimum of two substances that your coalition will be addressing and explain the specific problems related to those substances that will be addressed in the 12-Month Action Plan.

## **12-MONTH COALITION ACTION PLAN**

### **5.3.3 Provide the coalition's 12-Month Action Plan that will address youth substance use in the community? (30 points)**

This question is answered by developing a detailed 12-Month Action Plan using Table 4. The Action Plan should foster community level change by including a combination of goals, strategies, and activities. Applicants must use an appropriate prevention planning framework for ensuring a comprehensive 12-Month Action Plan (i.e., SPF, Seven Strategies for Community Level Change, etc.) Refer to sections 2.1 and 2.3 for more information on prevention planning frameworks.

Under DFC Goal One, include measurable objectives, strategies, and activities to ensure collaboration, coordination, and community-based networking to prevent youth substance use.

Under DFC Goal Two, include measurable objectives, strategies, and activities to prevent and reduce youth substance use.

If additional goals are included in the 12-Month Action Plan, they **must** also include measureable objectives, strategies, and activities.

### **Guidelines for Creating the 12-Month Action Plan**

- Applicants **must** use the Action Plan template provided in Table 4.
- The 12-Month Action Plan **must** fall within the text of the Project Narrative and will count towards the 25 page limit.
- The 12-Month Action Plan **must** be in Times New Roman, 12-point font, and adhere to all instructions provided in [Appendix B](#), Checklist for Formatting Requirements and Screen-Out Criteria for SAMHSA Grant Applications.
- The 12-Month Action Plan **must** cover the period of September 30, 2016 to September 29, 2017.
- The 12-Month Action Plan **must** include at least the two DFC goals provided in Table 4.
- The 12-Month Action Plan **must** include an appropriate prevention planning framework for ensuring a comprehensive 12-Month Action Plan (i.e., SPF, Seven Strategies for Community Level Change, etc.)
- The 12-Month Action Plan **must** address at least two named substances. The strategies and activities **must** be specific to the substances that your coalition will be addressing.
- Each substance the coalition is addressing **must** have a separate objective.
- The objectives **must** be measurable and include the following:
  - Objectives **must** indicate type of change
  - Objectives **must** indicate how much change will occur including the specific amount of increase or decrease
  - Objectives **must** include the specific population to be addressed. If the population is youth, then ages of youth or grade level **must** be identified
  - Objectives **must** include a specific date (Month/Year) by when change will be accomplished
  - Objectives **must** indicate how change will be measured

**Table 4: 12-Month Action Plan**

**DFC Goal One: Increase community collaboration**

Objective 1: *Provide measurable objective*

Strategy 1: *Provide specific strategy*

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
|          |                     |          |
|          |                     |          |

Strategy 2: *Provide specific strategy.*

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
|          |                     |          |
|          |                     |          |

**DFC Goal Two: Reduce youth substance use**

Objective 1: *Provide measurable objective.*

Strategy 1: *Provide specific strategy.*

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
|          |                     |          |
|          |                     |          |

Strategy 2: *Provide specific strategy.*

| Activity | Who is responsible? | By when? |
|----------|---------------------|----------|
|          |                     |          |
|          |                     |          |

**EVALUATE THE EFFECTIVENESS OF THE 12-MONTH ACTION PLAN,  
DISSEMINATE FINDINGS, AND ENGAGE THE COMMUNITY**

**5.3.4 Discuss how the coalition will assess the effectiveness of the 12-Month Action Plan, disseminate findings, and engage the community in moving the plan forward? (20 points)**

- Describe the processes that will be used to monitor and evaluate the goals identified in the 12-Month Action Plan.
- Describe the specific role sector members will have and discuss the tools to be used in monitoring and evaluating the effectiveness of the 12-Month Action Plan.
- Describe the specific processes for making improvements and/or enhancements to the 12-Month Action Plan.
- Describe the coalition's plan to disseminate evaluation findings regarding the 12-Month Action Plan.
- Describe how the evaluation findings will be used to engage the community in moving the coalition forward to accomplish its work and address its challenges.

## SUCCESSFUL IMPLEMENTATION OF THE DFC GRANT

### 5.3.5 Discuss how the coalition and/or community will determine successful implementation of this five-year grant? (15 points)

- Describe the coalition and/or community's unique characteristics that will strengthen the likelihood of successful implementation of the DFC grant.
- Describe key indicators, factors, and/or practices important to successful implementation of the DFC grant.
- Describe how the coalition will work with community systems, protocols, and procedures to enhance prospects for successful implementation of the DFC grant.
- Describe coalition key practices that will be needed for successful implementation to promote both collaboration and community involvement.
- Describe how the coalition will measure key successes by the end of the five-year DFC funding cycle.

**\*\*From this point forward, the information submitted does not count against your 25 page limit.\*\***

### 5.4 SECTION B: BUDGET NARRATIVE (NOT SCORED)

In this section, applicants **must** provide a 12-month Budget Narrative to include budget details and justification for expenditures. The Budget Narrative **must** include a description of matching resources and other support that the coalition will receive. No more than **10 percent** of the total grant award may be used for **data collection and evaluation** purposes unless approved by a SAMHSA Government Project Officer and Grants Management Specialist. Applicants **must** use the template provided in [Appendix A](#), including providing a narrative description for each budget category for both Federal requests and non-Federal match. **There is no page limit for the Budget Narrative.** When submitting your application through Grants.gov, the Budget Narrative **must** be submitted as file BNF (Budget Narrative File). (See [Appendix C](#), Guidance for Electronic Submission of Applications).

### 5.5 SECTION C: REQUIRED ATTACHMENTS (NOT SCORED)

**All attachment pages must be numbered. Applicants may hand number pages if necessary.** Although these attachments are not scored by peer reviewers, they are required in order for an application to move forward to peer review. The attachments (Section C) should follow Sections A and B of the application with continuous page numbers. It is extremely important to order and label these attachments as indicated below. Additionally, the FOA provides applicants with several appendices. Applicants **must** submit all attachments as appendices or the application will be screened out and will not proceed to peer review.

**Attachment 1 - Coalition Involvement Agreements:** Applicants **must** include one Coalition Involvement Agreement (CIA) for each of the 12 sectors. **Two separate signatures are required** on each CIA. One signature **must** be that of the individual listed as the coalition sector representative, and the other **must** be the signature from a coalition chair, paid staff, or any other individual who officially represents the coalition. Neither paid staff (current or proposed) nor the person signing the CIA on behalf of the coalition (chairperson or any other individual who officially represents the coalition) may serve as one of the 12 sector representatives. **All signatures must be hand-written and hand-dated. Electronic signatures will not be accepted.** CIAs **cannot** be more than 12 months old at the time of application submission. See [Appendix D](#).

**Attachment 2 - Two Sets of Coalition Meeting Minutes:** Applicants **must** include coalition minutes from two separate meetings that took place between March 2015 and the deadline for submission of this application. Meeting minutes **must** include month, date, and year; demonstrate coalition membership involvement; and include attendees, noting the sector that each attendee represents. All 12 sectors are not expected to be listed in either set of the required meeting minutes.

**Attachment 3 - Coalition Mission Statement:** Applicants **must** provide a copy of the coalition's mission statement. The mission statement cannot be that of an outside agency being used as the grant recipient/legal applicant (if applicable) for the coalition, but **must** be the coalition's mission statement. The principal mission of the coalition **must** be to prevent youth substance use.

**Attachment 4 - Assurance of Legal Eligibility or Memorandum of Understanding between Grant Award Recipient/Legal Applicant and Coalition:** An applicant coalition that is eligible to receive Federal grant funds and is applying for this grant on its own **must** complete [Appendix E](#). If a coalition is **not** eligible to receive Federal grant funds on its own, it **must** make arrangements with an entity eligible to apply for the grant on behalf of the coalition. If this is the case, applicants **must** submit a Memorandum of Understanding (MOU) between the coalition and the legal applicant. The MOU must not be more than 12 months old at the time of application. Refer to [Appendix F](#). One individual **cannot** sign as both the legal applicant and as the coalition representative. MOUs **must** be hand-signed and hand-dated by two individuals.

**Attachment 5 - Letter of Mutual Cooperation:** Each applicant that proposes to serve a community that overlaps an existing DFC coalition's zip code area **must** provide a Letter of Mutual Cooperation between the coalitions outlining their efforts to collaborate. If there are no zip code overlaps identified, simply state this and include it as Attachment 5.

**Attachment 6 - Assurance of One DFC Grant at a Time:** Applicants **must** sign and submit the Assurance of One DFC Grant at a Time document found in [Appendix G](#).

**Attachment 7 - Assurance of DFC 10-Year Funding Limit:** Applicants **must** sign and submit the Assurance of DFC 10-Year Funding Limit document found in [Appendix H](#).

**Attachment 8 – Key Personnel, Resumes, CV’s and Position Descriptions:** Applicants **must** include a resume (no longer than two pages) and a position description (no longer than one page) for the Program Director and Project Coordinator, and each additional key paid or in-kind position. Information on what should be included in resumes and position descriptions can be found in [Appendix I](#).

**Attachment 9 - General Applicant Information:** Applicants **must** complete each item (numbers 1-22) in the table provided in [Appendix J](#).

**Attachment 10 - Intergovernmental Review (E.O. 12372) Requirements:** If applicable, include a copy of the letter to the Single State Agency (SSA) showing that the applicant has informed the SSA contact person that an application has been submitted for a DFC grant. Information related to this attachment is found in [Appendix K](#). If not applicable, applicants should provide a statement to that effect and include it as Attachment 10.

**Attachment 11 - Disclosure of Prior DFC Funding:** Applicants **must** complete the information requested in [Appendix L](#) related to prior DFC funding for the legal applicant/grant award recipient and applicant coalition for this FOA. Applicants **must** also indicate the year of funding for which they are applying.

**Attachment 12 - DFC National Cross-site Evaluation Requirements:** Applicants **must** complete the form included in [Appendix M](#) related to the ability to collect the data necessary to be in compliance with the DFC National Cross-site Evaluation. Regardless of the substances a coalition is choosing to address, successful applicants **must** collect data on the DFC Core Measures, see Section I-2.4.

**Attachment 13 - Congressional Notification:** All applicants **must** include a Congressional Notification. This information will be utilized to provide 48-hours’ notice to your Congressional Members should you receive DFC funding. Using the template provided in [Appendix N](#), complete all the information exactly as provided in the template.

**Forms and Assurances - HHS 690 form:** Applicants **must** complete and submit the HHS 690 form to the Office of Civil Rights. Reference detailed address on the form. Every grant applicant must have a completed [HHS 690 form \(PDF | 291 KB\)](#) on file with the Department of Health and Human Services. Your signature acknowledges that you agree to comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975. **This form is available on the SAMHSA website via: <http://www.samhsa.gov/grants/applying/forms-resources>.**

**Charitable Choice Form - SMA-170** – Applicants **must** submit an Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations form SMA 170. **This form is available on the SAMHSA website via: <http://www.samhsa.gov/grants/applying/forms-resources>.**

**Pre-Submission Verification Checklist** – The final page of your application should be the checklist found in [Appendix O](#), the Pre-Submission Verification Checklist. Be sure that you have included all documents listed in the Pre-Submission Verification Checklist before submitting your application.

## **VI. ADMINISTRATION INFORMATION**

### **1. AWARD NOTICES**

Prior to the end of **September 2016**, the list of awardees will be posted at <http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program>. For all awardees, a Notice of Award (NoA) will then be sent electronically to the individual listed as the Business Official on the Application for Federal Assistance. The NoA is the sole obligating document that allows the grant recipient to receive Federal funding for work on the grant project.

By the end of **October 2016**, all applicants whose applications were sent to the Independent Review Group (IRG) will receive a letter through postal mail from SAMHSA. The letter will be addressed to the individual listed as the Business Official on the Application for Federal Assistance. This document contains the peer review score and summarized comments. If an application is not funded, the applicant may re-apply if there is another receipt date for the program in the future.

### **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

- If your application is funded, you **must** comply with all Terms and Conditions of the grant award. DFC's standard Terms and Conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.
- If your application is funded, you **must** comply with the administrative requirements outlined in 45 CFR Part 75 as appropriate. For more information see the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>
- If your application is funded, you will be held accountable for all information provided in the application. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation funds.
- [Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements](#)

- Recipients of Federal Financial Assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>; and <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at <http://www.hhs.gov/ocr/office/about/rgh-addresses.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
- HHS Grant funds may not be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a grant recipient's existing program with funds from a Federal grant.

### **3. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.4 you **must** comply with the following reporting requirements:

#### **3.1 PROGRESS AND FINANCIAL REPORTS**

Each year, grant recipients are required to submit two program progress reports, an annual coalition classification tool survey, and various financial reports. Full details regarding specific due dates are available at <http://www.whitehouse.gov/ondcp/information-for-current-grantees>.

The Duncan Hunter National Defense Authorization Act of 2009 (Public Law 110-417) was enacted on October 14, 2008. Section 872 of this Act required the development and maintenance of an information system that contains specific information on the integrity and performance of covered Federal agency contractors and grant award recipients. The Federal Awardee Performance and Integrity Information System (FAPIIS) was developed to address these requirements. FAPIIS provides users access to integrity and performance information from the FAPIIS reporting module in the Contractor Performance Assessment Reporting System



(CPARS), proceedings information from the Entity Management section of SAM database, and suspension/debarment information from the Performance Information section of SAM. As of January 1, 2016, both recipients and Federal agencies have new reporting requirements in FAPIIS. SAMHSA will provide additional information as it becomes available. Please refer to the FAPISS website for additional information. <https://www.fapiis.gov/fapiis/index.action>.

### **3.2 PUBLICATIONS**

If you are funded under this grant program, you are required to notify the Government Project Officer and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication. In addition, SAMHSA requests that recipients:

- Provide the Government Project Officer and SAMHSA Publications Clearance Officer with advance copies of any publications.
- Include acknowledgment of the ONDCP and SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA, the U.S. Department of Health and Human Services, or the Executive Office of the President, Office of National Drug Control Policy, and should not be construed as such.

SAMHSA and ONDCP reserve the right to issue a press release about any publication deemed by SAMHSA and ONDCP to contain information of program or policy significance to the substance abuse prevention community.

## **VII. AGENCY CONTACTS**

### **For questions about program issues contact:**

DFC FOA Helpline Team  
Division of Community Programs  
(240) 276-1270  
[dfcnew@samhsa.hhs.gov](mailto:dfcnew@samhsa.hhs.gov)

### **For questions on grants management and budget issues contact:**

Jennifer Cramer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1109  
Rockville, Maryland 20857  
(240) 276-1400  
[DGMSAMHSA@samhsa.hhs.gov](mailto:DGMSAMHSA@samhsa.hhs.gov)

## **Appendix A – Sample Budget (Includes Budget Terminology and Sample Budget Narrative)**

### **Budget Preparation**

The Budget Narrative is used to determine reasonableness and allowability of costs in a DFC application. All of the proposed costs listed, whether supported by Federal or matching funds, **must** be reasonable, and necessary to accomplish project objectives, allowable in accordance with applicable Federal Cost Principles, auditable, and incurred during the project period. All figures **must** be rounded to the nearest dollar.

Before developing a budget, applicants should review SAMHSA's guidelines available at <http://www.samhsa.gov/grants/grants-management> to determine cost sharing expectations and restrictions on the types of costs that may appear in the budget.

### **Budget Terminology**

**Allowability of Cost:** An allowable project cost is a cost that is:

1. Reasonable for the performance of the award.
2. Allocable.
3. In conformance with any limitations or exclusions set forth in the Federal Cost Principles applicable to the organization incurring the cost.
4. Consistent with the grant recipient's regulations, policies, and procedures which are applied uniformly to both Federally-supported and other activities of the organization.
5. Accorded consistent treatment as a direct or indirect cost.
6. Determined in accordance with generally accepted accounting principles.
7. Not included as a cost in any other Federally-supported award.

**Cost Principles:** The cost principles address the following four tests in determining the allowability of costs:

1. **Reasonableness** - (including necessity). A cost is reasonable if it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
2. **Allocability** - A cost is allocable to a specific grant, function, department, or other component, known as a cost objective, if the goods or services involved are chargeable or assignable to that cost objective in accordance with the relative benefits received or other equitable relationship.

3. **Consistency** - Regulations regarding cost assignment **must** be consistent for all work of the organization under similar circumstances, regardless of the source of funding, to avoid duplicate charges.
4. **Conformance** - Conformance with limitations and exclusions contained in the Terms and Conditions of award, including those in the cost principles, may vary by the type of activity, the type of grant recipient, and other characteristics of individual awards.

These four tests apply regardless of whether the particular category of costs is one specified in the cost principles or one governed by other Terms and Conditions of an award. These tests also apply regardless of categorization as a direct cost or an indirect cost. The fact that a grant is awarded does not indicate a determination of allowability of all proposed costs.

**Key Personnel:** Individuals who contribute to the project in a substantive, measurable way, whether or not they receive salaries or other compensation under the grant (i.e., Program Director, Project Coordinator). **The Program Director and the Project Coordinator may be the same person.**

- **Program Director:** An individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation, and evaluation (Person listed in Part C of the Checklist found in the Grant Application Package).
- **Project Coordinator:** An individual who coordinates the work of the coalition and DFC activities, including training, coalition communication, data collection, and information dissemination. The Project Coordinator will be listed on the DFC website if a grant is awarded.

**Level of Effort:** The direct time spent by an individual on DFC Support Program-related work. Across all projects/grants/positions, the level of effort for an individual may not exceed 100 percent.

**Direct Costs:** Costs that can be identified specifically with a particular award, project, program, service, or other organizational activity, or that can be directly assigned to an activity with a high degree of accuracy. Normally, direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the grant-supported project or program.

**Indirect Costs (if applicable):** Also known as “facilities and administrative costs”, indirect costs are costs that cannot be specifically identified with a particular project, program, or activity, but are necessary to the operation of the organization (i.e., overhead). Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs. The organization **must** not include costs associated with its indirect rate as direct costs. Indirect costs require a negotiated indirect cost rate agreement. If indirect costs are claimed, a copy of an indirect cost rate agreement **must** be submitted with the application. Effective with 45 CFR 75.414(f), any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in

Appendix VII to part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC) which may be used indefinitely.

**Research indirect cost rates are not allowable and will not be accepted. For more information on the establishment of indirect cost rate agreements, contact the Division of Cost Allocation (DCA). Regional contact information** can be found at the following DCA website: <http://www.psc.gov/financial/indirect-cost-negotiations.html>.

**Total Project Costs (Direct and Indirect):** The total allowable costs charged to the award during a budget period, whether paid by Federal funds or contributed to meet the matching requirement, and the value of any third-party in-kind contributions counted toward the grant recipient's matching requirement.

**Budget Expectations (Future Years and Projected Total):** If an applicant has sufficient match to allow a budget request of the full \$125,000, the applicant should round up the final budget figures to equal \$125,000. **Applicants will not receive a higher score for requesting less than \$125,000.** Applicants are strongly encouraged to apply for the full \$125,000 for each of the four subsequent renewal years of funding in their budget forecast even if they are not able to apply for full funding in Year One due to insufficient match.

**The amount requested in this original application for the four future years establishes the maximum amount that an applicant can receive in future years if awarded the grant.**

Grant recipients are required to submit an annual budget request each year. The annual amount requested can be less than \$125,000 due to insufficient match, but can never be greater than the amount indicated in this application. Therefore, it is more advantageous to request the full \$125,000 for each out-year of funding. **Ensure against conflict of interest within proposed contractual costs; see the definition of Conflict of Interest and examples below:**

|  |  |
|--|--|
| <b>Conflict of Interest:</b><br>Federal regulations prohibit the appearance and existence of conflict of interest situations for employees, officials, and agents of the organization.<br><br><b><u>Based on the use of Federal funds, it is not permissible for paid staff to be related. Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first</u></b> | <b>Examples:</b><br>An officer or employee has an interest in a company selected for a contract or consulting relationship, such as through their ownership, the ownership by a family member or through financial or other business ties (for example, sector members).<br><br>Nepotism - an employee is supervised by a family member under the Federally-sponsored project.<br><br>An individual is contracted to be a grant writer and/or provide input into the grant application. This individual is then written into the grant application to be an evaluator, program director, project coordinator, etc. for the applicant organization. This would violate the Federal competition rules because contractors involved with the writing or preparation of the application cannot compete |
|--|--|

|   |  |
|---|--|
| <u>cousin, nephew, niece,</u><br><u>husband, wife, etc.</u><br><br>Reference – 45 CFR 75<br>Statement, issued January<br>1, 2007. | for contracts under the grant.<br><br>Grant award recipients are required to alert their Grants<br>Management Specialist (GMS) and the Government Project<br>Officer (GPO) of any organizational conflicts of interest as well as<br>noncompetitive practices among contractors that may restrict or<br>eliminate competition. |
|---|--|

**NOTE:** In the Budget Narrative, applicants must also provide **Table 16: Future Years Budget Summary** and **Table 17: Calculation of Future Years and Projected Total**.

### Sample Budget Narrative (For completing SF-424A: Section B for First Year of the Funding Cycle)

A. Personnel: An employee of the applying agency whose work is tied to the application. Proposed salaries must be reasonable. Compensation paid for employees must be reasonable and consistent with that paid for similar work within the applicant's organization and similar positions in the industry.

**Table 1: FEDERAL REQUEST**

| Position            | Name       | Annual Salary/Rate | Level of Effort | Cost            |
|---------------------|------------|--------------------|-----------------|-----------------|
| Program Director    | Dee F. See | \$64,890           | 10%             | \$6,489         |
| Project Coordinator | TBD        | \$46,276           | 100%            | \$46,276        |
|                     |            |                    | <b>TOTAL</b>    | <b>\$52,765</b> |

**NARRATIVE JUSTIFICATION:** Enter a description of the personnel funds requested and how their use will support the purpose and goals of this proposal. Describe the role, responsibilities, and unique qualifications of each position.

**Table 2: NON-FEDERAL MATCH**

| Position         | Name     | Annual Salary/Rate    | Level of Effort | Cost           |
|------------------|----------|-----------------------|-----------------|----------------|
| Clerical Support | John Doe | \$13.38/hr. x 100 hr. | 100 hrs/year    | \$1,338        |
|                  |          |                       | <b>TOTAL</b>    | <b>\$1,338</b> |

**NARRATIVE JUSTIFICATION:** Enter a description of the personnel matching funds provided and how their use will support the purpose and goals of this proposal. Describe how the matching funds will enhance the Federal budget request.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF-424A): **\$52,765**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6a of form SF-424A): **\$1,338**

**B. Fringe Benefits:** Fringe benefits may include contributions for items such as social security, employee insurance, and pension plans. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. List all components of the fringe benefits rate.

**Table 3: FEDERAL REQUEST**

| Component            | Rate  | Wage         | Cost            |
|----------------------|-------|--------------|-----------------|
| FICA                 | 7.65% | \$52,765     | \$4,037         |
| Workers Compensation | 2.5%  | \$52,765     | \$1,319         |
| Insurance            | 10.5% | \$52,765     | \$5,540         |
|                      |       | <b>TOTAL</b> | <b>\$10,896</b> |

**JUSTIFICATION:** Enter a description of the fringe benefits matching funds provided and how the rate was determined.

**Table 4: NON-FEDERAL MATCH**

| Component            | Rate  | Wage         | Cost         |
|----------------------|-------|--------------|--------------|
| FICA                 | 7.65% | \$1,338      | \$102        |
| Workers Compensation | 2.5%  | \$1,338      | \$33         |
| Insurance            | 5.5%  | \$1,338      | \$74         |
|                      |       | <b>TOTAL</b> | <b>\$209</b> |

**NARRATIVE JUSTIFICATION:** Enter a description of the fringe benefits matching funds provided and how the rate was determined.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF-424A): **\$10,896**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6b of form SF-424A): **\$209**

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail. The lowest available commercial fares for coach or equivalent accommodations **must** be used. **NOTE:** Grant recipients will be expected to follow Federal travel policies found at <http://www.gsa.gov>, unless they have their own written travel policy. GSA rates will be used as a reasonableness test.

**Table 5: FEDERAL REQUEST**

| Purpose of Travel            | Location       | Item    | Rate                               | Cost    |
|------------------------------|----------------|---------|------------------------------------|---------|
| New Grant Recipient Training | Washington, DC | Airfare | \$300/flight x 2 persons           | \$600   |
|                              |                | Hotel   | \$200/night x 2 persons x 4 nights | \$1,600 |

| Purpose of Travel        | Location       | Item                             | Rate                          | Cost           |
|--------------------------|----------------|----------------------------------|-------------------------------|----------------|
|                          |                | Per Diem (meals and incidentals) | \$64/day x 2 persons x 4 days | \$512          |
| Coalition Academy Week 1 | Birmingham, AL | Airfare                          | \$200/flight x 2 persons      | \$400          |
| Coalition Academy Week 1 | Birmingham, AL | Car Rental                       | \$200/week, unlimited miles   | \$200          |
| Coalition Academy Week 2 | Birmingham, AL | Airfare                          | \$200/flight x 2 persons      | \$400          |
| Coalition Academy Week 2 | Birmingham, AL | Car Rental                       | \$200/week, unlimited miles   | \$200          |
| Coalition Academy Week 3 | Birmingham, AL | Airfare                          | \$200/flight x 2 persons      | \$400          |
| Coalition Academy Week 3 | Birmingham, AL | Car Rental                       | \$200/week, unlimited miles   | \$200          |
| Local travel             | County-wide    | Mileage                          | 3,000 miles@ .50/mile*        | \$1,500        |
|                          |                |                                  | <b>TOTAL</b>                  | <b>\$6,012</b> |

**JUSTIFICATION:** Describe the purpose of travel and how costs were determined. The grant requires that Key Personnel attend the New Grant Recipient Training in Washington, DC. Attendance at the National Coalition Academy is required of all Year One grant recipients. In addition to the required trainings, funds for local travel are needed to attend local meetings, project activities, and training events. Local travel rate should be based on agency's personally owned vehicle (POV) reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>. \* Please check this website regularly for changes.

**Table 6: NON-FEDERAL MATCH**

| Purpose of Travel            | Location           | Item             | Rate                               | Cost           |
|------------------------------|--------------------|------------------|------------------------------------|----------------|
| Regional Training Conference | Chicago, IL        | Airfare          | \$300/flight x 2 persons           | \$600          |
| Regional Training Conference | Chicago, IL        | Hotel            | \$155/night x 2 persons x 2 nights | \$620          |
| Regional Training Conference | Chicago, IL        | Per Diem (meals) | \$46/day x 2 persons x 2 days      | \$184          |
| Local Travel                 | Outreach workshops | Mileage          | 304 miles x \$0.50/mile*           | \$152          |
|                              |                    |                  | <b>TOTAL</b>                       | <b>\$1,556</b> |

**NARRATIVE JUSTIFICATION:** Enter a description of the travel matching funds provided and how their use will support the purpose and goals of this proposal. Describe how the matching funds will enhance the Federal budget request. Local travel rate should be based on

agency's POV reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>. \* Please check this website regularly for changes.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF-424A): **\$6,012**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6c of form SF-424A): **\$1,556**

**D. Equipment:** Permanent equipment may be charged to the project only if the applicant can demonstrate that purchase will be less expensive than rental. Permanent equipment is defined as an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (Federal definition).

**Table 7: FEDERAL REQUEST**

| Item(s) | Rate         | Cost       |
|---------|--------------|------------|
| None    |              | \$0        |
|         | <b>TOTAL</b> | <b>\$0</b> |

**NARRATIVE JUSTIFICATION:** Enter a description of the equipment and how its purchase will support the purpose and goals of this proposal.

**Table 8: NON-FEDERAL MATCH**

| Item(s) | Rate         | Cost       |
|---------|--------------|------------|
| None    |              | \$0        |
|         | <b>TOTAL</b> | <b>\$0</b> |

**NARRATIVE JUSTIFICATION:** Enter a description of the equipment and how its purchase will support the purpose and goals of this proposal.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6e of form SF-424A): **\$0**

**NON-FEDERAL MATCH** – (enter in Section B column 2 line 6e of form SF-424A): **\$0**

**E. Supplies:** Materials costing less than \$5,000 per unit and often having one-time use (Federal definition).

**Table 9: FEDERAL REQUEST**

| Item(s)                     | Rate                    | Cost  |
|-----------------------------|-------------------------|-------|
| General office supplies     | \$50/mo. x 12 mo.       | \$600 |
| Postage                     | \$37/mo. x 8 mo.        | \$296 |
| Coalition promotional items | 200 items @ \$1.39 each | \$278 |
| Laptop computer             | \$600                   | \$600 |
| Printer                     | \$300                   | \$300 |



| Item(s)                | Rate                      | Cost           |
|------------------------|---------------------------|----------------|
| Projector              | \$700                     | \$700          |
| Copies                 | 8,000 copies x \$.10/copy | \$800          |
| Laptop computer update | \$50                      | \$50           |
|                        | <b>TOTAL</b>              | <b>\$3,624</b> |

**JUSTIFICATION:** Describe the need and include an adequate justification of how each cost was estimated.

**Table 10: NON-FEDERAL MATCH**

| Item(s)                     | Rate              | Cost           |
|-----------------------------|-------------------|----------------|
| General Office Supplies     | \$50/mo. X 12 mo. | \$600          |
| Computer                    | \$500             | \$500          |
| Postage                     | \$37/mo. x 4 mo.  | \$148          |
| Computer update (if needed) | \$50              | \$50           |
|                             | <b>TOTAL</b>      | <b>\$1,298</b> |

**NARRATIVE JUSTIFICATION:** Enter a description of the supplies match provided and how their use will support the purpose and goals of this proposal. Describe how the matching funds will enhance the Federal budget request. Please note that items such as computers, desks, and projection equipment may be counted as match only once throughout the life of the project.

**SOURCE OF MATCH:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6e of form SF-424A): **\$3,624**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6e of form SF-424A): **\$1,298**

**F. Contract:** A contractual arrangement cost to carry out a portion of the programmatic effort by a third-party contractor or for the acquisition of goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. If there is more than one contractor, each **must** be budgeted separately. A consultant is a non-employee retained to provide advice and expertise in a specific program area for a fee. The grant recipient **must** establish written procurement policies and procedures that are consistently applied. **SAMHSA staff may request a copy of procurement policies and all contracted agreements.** All procurement transactions are required to be conducted in a manner to provide, to the maximum extent practical, open and free competition. The grant recipient will be required to be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade. It is the grant recipient's responsibility to conduct the day-to-day operations of the grant program. Grant recipients may **not** serve as a conduit for the funds by passing them on to another agency. Therefore, the awarded grant recipient **must** have oversight of the day-to-day operations.

**COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED.**

**Table 11: FEDERAL REQUEST**

| <b>Name</b>             | <b>Service</b>                                 | <b>Rate</b>   | <b>Other</b>   | <b>Cost</b> |
|-------------------------|--|---|--|-------------|
| To be selected          | Environmental Strategy Consultation            | \$150/day x 35 days = \$5,250   | Travel 380 miles @ \$0.50/mile* = \$190  | \$5,440     |
| To be selected          | Board and Committee Leadership Consultation    | \$300/trainer x 2 trainers x 5 days = \$3,000   | \$50/hour for individual TA x 30 hours = \$1,500   | \$4,500     |
| To be selected          | Evaluation Contractor                          | \$100/hour x 100 hours to include collection of core measures, creation of evaluation report, coalition evaluation support (e.g., member survey), and activity evaluation support (e.g., pre/post survey development) |  | \$10,000    |
| To be selected          | Substance Abuse Training for Coalition Members | Trainers:\$300/day x 4 days = \$1,200   | Materials: approx. \$5/person x 25 people = \$125<br><br>Room Rental = \$75<br><br>Travel for Trainers: Flight \$300/person x 2 people = \$600<br><br>Per Diem: \$46/day x 4 days x 2 people = \$368 | \$2,368     |
| Local Police Department | Alcohol Compliance Checks                      | 6 officers @ \$50/hour x 6 checks @ \$300/check   |  | \$1,800     |

| Name           | Service                               | Rate                        | Other        | Cost            |
|----------------|---------------------------------------|-----------------------------|--------------|-----------------|
| To be selected | Responsible Server Three-Day Training | Trainer: \$500/day x 3 days |              | \$1,500         |
|                |                                       |                             | <b>TOTAL</b> | <b>\$25,608</b> |

**JUSTIFICATION:** Explain the need for each agreement and how it will support the purpose and goals of this proposal. Local travel rate should be based on agency's POV reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>.\* Please check this website regularly for changes.

**Table12: NON-FEDERAL MATCH**

| Name                    | Service  | Rate  | Other         | Cost     |
|-------------------------|--|---|---------------|----------|
| Coalition members       | Participation in coalition activities outlined in the 12-Month Action Plan                         | 18 members @ \$35/hr. x 5 hr./mo. (average) x 12 mo.  |               | \$37,800 |
| Local School District   | Student Assistance Program – CIA demonstrates breakout of services                                 | 3 counselors @ \$51.33/hr.  | 100 hrs. each | \$15,400 |
| Local Police Department | Alcohol Compliance Checks  | 8 officers @ \$50/hour x 6 checks   | 1 hour each   | \$2,400  |
| Youth members           | Alcohol Compliance Checks  | 8 youth @ \$50/youth x 6 checks = \$2,400<br><br>16 parent chaperones x 6 checks x \$25/check = \$2,400 |               | \$4,800  |
| Media sponsorship       | Local cable station agrees to run coalition promotion. PSA an average of 5 times/week for 24 weeks | 5 PSAs/week \$50/PSA x 24 weeks   |               | \$6,000  |

| Name        | Service    | Rate                 | Other        | Cost            |
|-------------|------------|----------------------|--------------|-----------------|
| Advertising | Billboards | \$600 x 12 = \$7,200 |              | \$7,200         |
|             |            |                      | <b>TOTAL</b> | <b>\$73,600</b> |

**NARRATIVE JUSTIFICATION:** Explain the need for each match contract agreement and how it will support the purpose and goals of this proposal. Describe how the matching funds will enhance the Federal budget request.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6f of form SF-424A): **\$25,608**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6f of form SF-424A): **\$73,600**

**G. Construction: NOT ALLOWED** – Leave Section B columns 1& 2 line 6g on SF-424A blank: Section B columns 1 and 2 line 6g.

**H. Other:** Expenses not covered in any of the previous budget categories. If anyone related to the project owns the building which is less-than-arm's length<sup>1</sup> arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease is required and **must** be submitted for all projects allocating rent costs.

**Table 13: FEDERAL REQUEST**

| Item                          | Rate   | Cost            |
|-------------------------------|--|-----------------|
| Rent*                         | \$550/mo. x 12 mo.   | \$6,600         |
| Telephone (land line)         | \$50/mo. x 12 mo.  | \$600           |
| Student Surveys               | \$1/survey x 4884  | \$4,884         |
| Brochures                     | \$0.89/brochure x 1,500 brochures  | \$1,335         |
| Meth literature for merchants | Window Clings: 1,500 clings x \$2 each = \$3,000<br>Handouts: 3,000 copies x \$0.50 each = \$1,500 | \$4,500         |
|                               | <b>TOTAL</b>   | <b>\$17,919</b> |

**NARRATIVE JUSTIFICATION:** Break down costs into cost/unit (e.g., cost/square foot). Explain the use of each item requested.

---

<sup>1</sup> "less-than-arms-length" lease is one under which one party to the lease agreement is able to control or substantially influence the actions of the other. Such leases include, but are not limited to those between a division of a non-profit organization, non-profit organization and a director, trustee, officer, or key employee of the non-profit organization or his immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

**\*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arm's length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

**Table 14: NON-FEDERAL MATCH**

| <b>Item</b>   | <b>Rate</b>   | <b>Cost</b>     |
|---|---|-----------------|
| Space rental  | 10 x \$830 per event  | \$8,300         |
| School Peer Leadership Program                          | \$25,200  | \$25,200        |
| Internet service  | \$26/mo. x 12 mo.   | \$312           |
| Student surveys   | \$1/survey x 1946 surveys   | \$1,946         |
| Printing  | \$300/run x 6 runs  | \$1,800         |
| Transition program for youth & parents                  | 1 person x \$25/hr. x 3 hrs. = \$75<br>100 parent packets x \$3.50/packet = \$350 | \$425           |
| Health Fair   | Coordination and administration<br>CIA demonstrates breakout of services          | \$1,500         |
| Physician/Health Provider diagnostic tools and training | Coordination and administration<br>CIA demonstrates breakout of services          | \$1,700         |
| Drug-Free Workplace Initiative                          | Coordination and administration<br>CIA demonstrates breakout of services          | \$3,000         |
| Underage Drinking Initiative                            | Coordination and administration<br>CIA demonstrates breakout of services          | \$2,700         |
|   | <b>TOTAL</b>  | <b>\$46,883</b> |

**NARRATIVE JUSTIFICATION:** Explain the need for each match item and how it will support the purpose and goals of this proposal. Break down costs into cost/unit (e.g., cost/square foot) and explain the use of each item requested. Describe how the matching funds will enhance the Federal budget request.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6h of form SF-424A): **\$17,919**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6h of form SF-424A): **\$46,883**

**Indirect Cost Rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>. Effective with 45 CFR 75.414(f), any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to part 75

(D)(1)(b), may elect to charge a de minimis rate of 10% of Modified Total Direct Costs (MTDC) which may be used indefinitely.

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF-424A): **\$4,526**

=====

**TOTAL DIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6i of form SF-424A): **\$121,350**

**NON-FEDERAL MATCH** – (enter in Section B column 2 line 6i of form SF-424A): **\$125,000**

**INDIRECT CHARGES:**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6j of form SF-424A): **\$4,526**

**TOTAL: (sum of 6i and 6j)**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6k of form SF-424A) **\$125,000**

**NON – FEDERAL MATCH** - (enter in Section B column 2 line 6k of form SF-424A):  
\$125,000

=====

**Provide the total proposed project period and Federal funding as follows:**

**Proposed Project Period**

|                |                   |              |                   |
|----------------|-------------------|--------------|-------------------|
| a. Start Date: | <b>09/30/2016</b> | b. End Date: | <b>09/29/2021</b> |
|----------------|-------------------|--------------|-------------------|

**Table 15: BUDGET SUMMARY**

| <b>Category</b>            | <b>Federal Request</b> | <b>Non-Federal Request</b> | <b>Total</b>     |
|----------------------------|------------------------|----------------------------|------------------|
| Personnel                  | \$52,765               | \$1,338                    | \$54,103         |
| Fringe                     | \$10,896               | \$209                      | \$11,105         |
| Travel                     | \$6,012                | \$1,556                    | \$7,568          |
| Equipment                  | \$0                    | \$0                        | \$0              |
| Supplies                   | \$3,624                | \$1,298                    | \$4,922          |
| Contractual                | \$25,608               | \$73,600                   | \$99,208         |
| Other                      | \$17,919               | \$46,883                   | \$64,802         |
| <b>Total Direct Costs</b>  | <b>\$116,824</b>       | <b>\$124,884,894</b>       | <b>\$241,708</b> |
| <b>Indirect Costs</b>      | <b>\$4,526</b>         | <b>\$0</b>                 | <b>\$4,526</b>   |
| <b>Total Project Costs</b> | <b>\$121,350</b>       | <b>\$1244,884</b>          | <b>\$246,234</b> |

The Federal dollars requested for all object class categories for the first 12-month period are entered on Form 424A, Section B, Column 1, line 6a-6i.

**Table 16: FUTURE YEARS BUDGET SUMMARY**

| Projected Future Years     | Federal Request | Non-Federal Match |
|----------------------------|-----------------|-------------------|
| Year 2 or 7 (select one)   |                 |                   |
| Year 3 or 8 (select one)   |                 |                   |
| Year 4 or 9 (select one)   |                 |                   |
| Year 5 or 10 (select one)  |                 |                   |
| <b>TOTAL (2-5 or 7-10)</b> |                 |                   |

The Federal dollars requested for all object class categories for the first 12-month period are entered on Form 424A, Section B, Column 1, line 6a-6i.

**Table 17: FUTURE YEARS AND PROJECTED TOTAL\***

| Category               | 2nd Project Year Federal | 2nd Project Year Match | 3rd Project Year Federal | 3rd Project Year Match | 4th Project Year Federal | 4th Project Year Match | 5th Project Year Federal | 5th Project Year Match |
|------------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|------------------------|
| <b>Personnel</b>       |                          |                        |                          |                        |                          |                        |                          |                        |
| Program Director       | \$6,489                  | \$0                    | \$6,489                  | \$0                    | \$6,489                  | \$0                    | \$6,489                  | \$0                    |
| Project Coordinator    | \$46,276                 | \$0                    | \$46,276                 | \$0                    | \$46,276                 | \$0                    | \$46,276                 | \$0                    |
| Clerical Support       | \$0                      | \$1,338                | \$0                      | \$1,338                | \$0                      | \$1,338                | \$0                      | \$1,338                |
| <b>Fringe Benefits</b> | \$10,896                 | \$275                  | \$10,896                 | \$275                  | \$10,896                 | \$275                  | \$10,896                 | \$275                  |
| <b>Travel</b>          | \$5,000                  | \$2,000                | \$5,000                  | \$2,250                | \$4,000                  | \$2,500                | \$4,000                  | \$2,500                |
| <b>Equipment</b>       | \$0                      | \$0                    | \$0                      | \$0                    | \$0                      | \$0                    | \$0                      | \$0                    |
| <b>Supplies</b>        | \$4,500                  | \$2,000                | \$4,500                  | \$2,000                | \$4,000                  | \$2,000                | \$4,000                  | \$2,000                |
| <b>Contract</b>        |                          |                        |                          |                        |                          |                        |                          |                        |
| Evaluation             | \$4,500                  | \$0                    | \$4,500                  | \$0                    | \$4,500                  | \$0                    | \$4,500                  | \$0                    |

| Category                    | 2nd Project Year Federal | 2nd Project Year Match | 3rd Project Year Federal | 3rd Project Year Match | 4th Project Year Federal | 4th Project Year Match | 5th Project Year Federal | 5th Project Year Match |
|-----------------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|------------------------|
| Targeted Media              | \$15,000                 | \$20,000               | \$15,000                 | \$30,000               | \$15,000                 | \$30,000               | \$10,000                 | \$35,000               |
| Training                    | \$4,000                  | \$0                    | \$3,000                  | \$0                    | \$2,500                  | \$0                    | \$2,500                  | \$0                    |
| Compliance Checks           | \$1,000                  | \$12,000               | \$1,500                  | \$14,000               | \$1,500                  | \$14,000               | \$1,500                  | \$14,000               |
| Coalition Members           | \$0                      | \$35,000               | \$0                      | \$40,000               | \$0                      | \$40,000               | \$0                      | \$40,000               |
| Other                       | \$24,497                 | \$52,387               | \$24,997                 | \$35,137               | \$26,997                 | \$34,887               | \$31,997                 | \$29,887               |
| <b>Total Direct Costs</b>   | <b>\$122,158</b>         | <b>\$125,000</b>       | <b>\$122,158</b>         | <b>\$125,000</b>       | <b>\$122,158</b>         | <b>\$125,000</b>       | <b>\$122,158</b>         | <b>\$125,000</b>       |
| <b>Total Indirect Costs</b> | <b>\$2,842</b>           | <b>\$0</b>             | <b>\$2,842</b>           | <b>\$0</b>             | <b>\$2,842</b>           | <b>\$0</b>             | <b>\$2,842</b>           | <b>\$0</b>             |
| <b>Total Costs</b>          | <b>\$125,000</b>         | <b>\$125,000</b>       | <b>\$125,000</b>         | <b>\$125,000</b>       | <b>\$125,000</b>         | <b>\$125,000</b>       | <b>\$125,000</b>         | <b>\$125,000</b>       |

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF-424A): **\$625,000**

**\*FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differ from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

**NOTE:** The total Federal dollars (direct + indirect costs) requested for the second through the fifth 12-month budget periods are entered on SF-424A, Section E: Column (b) = Year 2; Column (c) = Year 3; Column (d) = Year 4; Column (e) = Year 5. The amounts entered onto SF-424A, Section E of the SF-424A, is used to determine the maximum Federal funds a grant award recipient may request in each of the project years. **Failure to complete this chart will mean that a funded application cannot receive funding in the remaining years of the 5-year funding cycle.**

**Reference Table 2 of this FOA for a breakdown of the required matching funds for each year.**



## **Appendix B – Checklist for Formatting Requirements and Screen-Out Criteria for SAMHSA Grant Applications**

**SAMHSA requires electronic submission for grant applications through Grants.gov.**

Registration in SAM is **mandatory for all applicants** to the DFC Support Program. **Failure to register with SAM will lead to an application being deemed ineligible and will not proceed to peer review.** It takes up to 72 hours for a SAM registration to be processed. Do **not** wait until the day the application is being submitted to register for SAM, as there will not be enough time for the registration to process and your application will not make the deadline.

You **must** be registered in SAM prior to submitting your application. The DUNS number used on your application **must** be registered and active in SAM prior to submitting your application. **If SAM is not active prior to submission, the application will be screened out and will not proceed to peer review.**

**NOTE: Grants.gov will reject all applications that do not have an updated SAM registration.**

SAMHSA's goal is to review all applications submitted for grant funding. In order to fairly review each document, SAMHSA requires all submissions be uniformly formatted; therefore, certain formatting requirements have been established. **If you do not adhere to these requirements, your application will be screened out and will not proceed to peer review.**

- Applications **must** be received by the application due date and time, as detailed on the cover page of this FOA.
- Text **must** be legible. Pages **must** be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. The 25-page limit for the Project Narrative cannot be exceeded.
- Information provided **must** be clear, complete, and meet all requirements for review.

To facilitate review of your application, follow the additional guidelines below. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out. However, the information provided in your application **must** meet all requirements for review.

- The required application components should be submitted in the order described in Section IV-1.1 of this FOA.
- Pages should be typed single-spaced in black ink with one column per page.
- **Pages must be numbered consecutively starting with the Table of Contents as page 1**, so that information can be located easily during review of the application (hand write

page numbers if necessary). Do not number the four pages of the SF-424 and the two pages of the SF-424A placed before the Table of Contents. Attachments should be labeled and separated from the Project Narrative and Budget Narrative, and the pages should be numbered to continue the sequence.

## Appendix C – Guidance for Electronic Submission of Applications

**SAMHSA requires electronic submission for all grant applications through Grants.gov.** Grants.gov will reject applications submitted after 11:59 PM Eastern Standard Time on the application due date.

The purpose of this Appendix is to provide critical guidance to help applicants successfully navigate the electronic submission process. In rare cases where submission issues arise, options exist for assisting every single applicant with the electronic submission process. The information that follows provides:

- Actions that should be taken **before** the electronic submission process is initiated;
- Steps that should be taken to submit an application electronically; and
- Information and contacts for resolving issues if they arise.

### I. Preparing to Submit an Application

**To avoid any submission issues, please allow at least two weeks (10 business days) for completion of registration processes, prior to submitting your application.** The electronic submission process through Grants.gov requires completion of three separate registration processes before an application can be submitted. It is recommended that you check to ensure these registration processes are completed or in process as soon as you download the application. The processes are:

#### A. DUNS Number Registration

**The DUNS number you use on your application must be registered and active in SAM.**

#### B. System For Award Management (SAM) Registration

The SAM is a Federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as the Excluded Parties List System (EPLS).

**SAM information must be updated at least every 12 months to remain active (for both grant recipients and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired SAM registrations. To create a user account, Register/Update entity and/or Search Records, go to <https://www.sam.gov>.**

**NOTE:** If an applicant's SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. This can take up to one month. It is highly recommended that applicants renew their accounts prior to the expiration date. The account update process takes only 24-48 hours.

You will find a *Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM* at

[https://www.sam.gov/sam/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf).

### C. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the first page of the SF-424. See the Organization Registration User Guide for details at the following Grants.gov link: <http://www.grants.gov/web/grants/register.html>.

You can find additional information on the registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>. The Organization Registration steps are found at this site and provide registration guidance for a company, institution, state, local or tribal government, or other type of organization submitting for the first time through Grants.gov.

## II. Electronic Submission

### A. Guidance

To submit your application electronically, search <http://www.Grants.gov> for the downloadable application package by the FOA number (called the funding opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. The FOA number and CFDA number are provided on the cover page of this funding announcement.

You **must** follow the instructions available on <http://www.Grants.gov>. Select 'Applicants' tab then click on 'Apply for Grants'.

Please allow sufficient time when entering your application into Grants.gov or it may time out. When you complete your application submission, you will receive a notice that your application is being processed. You will receive two e-mails from Grants.gov within 24-48 hours. One e-mail will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. If you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you **must** contact Grants.gov directly. **It is important that you retain this tracking**

**number. Receipt of the tracking number is the only indication that Grants.gov has received and validated your application.**

Please note that it is the responsibility of the applicant to monitor and ensure that the application is successfully received and validated by Grants.gov. **If the application is not validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

SAMHSA highly recommends that you submit your application **10 business days** before the submission deadline. Many submission issues can be fixed within that timeframe and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least two weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit your electronic application.

## **B. How to Submit an Electronic Application**

1. **Format:** It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007/2010 products (e.g., Microsoft Word 2007/2010, Microsoft Excel 2007/2010, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007/2010 may result in your file being unreadable by SAMHSA staff.
2. **Application Package:** Before you begin, download the Grant Application Package from Grants.gov. Once you are on the Grants.gov website (<http://www.Grants.gov>), locate the “Applicants” tab at the top of the screen and select the “Apply for Grants” option.
  - a) Under STEP 1, click on the red button labeled “Download a Grant Application Package”.
  - b) Enter either the Funding Opportunity Announcement Number (SAMHSA’s FOA Number) or the CFDA Number exactly as it appears on the cover page of this FOA.
  - c) Click the “Download Package” button.
  - d) In the Instructions column, click the “Download” link and save the application on your hard drive. The application package can be completed off line.
3. **Submitting your Grant Application:** In order to upload your grant application to Grants.gov, it **must** be divided into four separate files. The four files are: 1) Table of Contents, Project Narrative, and Community Overview; 2) Budget Narrative; 3) DFC Attachments 1 – 7; and 4) DFC Attachments 8 – 13. **Please note that SAMHSA will not accept more than four files.**

- a) File One – Table of Contents, Project Narrative and Community Overview:  
To attach the file to your application go to page one of the Grant Application Package. On page one, look under the “mandatory” heading, click on “project narrative attachment” form, click on “add mandatory project narrative” file, upload file and click save.
- b) File Two - Budget Narrative: To attach the file to your application, go to page one of the Grant Application Package. On page one, look under the “mandatory” heading, click on “budget narrative attachment” form, click on “add mandatory budget narrative”, upload file and click save.
- c) File Three – DFC Attachments 1 – 7: To attach the file to your application, go to page one of the Grant Application Package. On page one, look under the “optional” heading, click the **box** next to “other attachment” form; an X will appear in the **box**, then click on “other attachment form”, click on “add mandatory other attachment”, upload file and click save.
- d) File Four – DFC Attachments 8 – 13: To attach the file to your application, go to page one of the Grant Application Package. On page one look under the “optional” heading, click the **box** next to “other attachment” form; an X will appear in the **box**, then click on “other attachment form”, click on “add optional other attachment”, upload file and click save.

**NOTE:** If you have documentation that does not pertain to any of the 4 listed files, include that documentation in the fourth file. Although you can upload Word files, you will need to scan signed documents (Attachments 1 – 13) into two separate PDF files before uploading.

#### 4. Other Grants.gov Requirements

**Do not use special characters in file names, such as ( ), #, ©, etc. Please see Table 18 below.**

**Table 18**

| Allowable characters | Special characters (Unallowable) |                  |                     |
|----------------------|----------------------------------|------------------|---------------------|
| Upper case A – Z     | Parentheses ( )                  | Curly braces { } | Square brackets [ ] |
| Lower case a – z     | Ampersand &                      | Tilde ~          | Exclamation point ! |
| Underscore _         | Comma ,                          | Semicolon ;      | Apostrophe ‘        |
| Hyphen –             | At sign @                        | Number sign #    | Dollar sign \$      |

|          |   |             |              |
|----------|---|-------------|--------------|
| Space    | Percent sign %  | Plus sign + | Equal sign = |
| Period . | Ampersand in XML <b><u>must</u></b> use the & format. |             |              |

**If your application uses special characters when naming your attachment files, your application will be rejected by Grants.gov.**

Scanned images **must** be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type will result in a larger file size, which could result in rejection of your application.

With the exception of the standard forms (SF-424) in the application package, all pages in your application **must** be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Hand-written page numbers are acceptable.

### **III. Electronic Submission Assistance and Contacts**

There are two options for receiving assistance:

#### **Option 1: Grants.gov**

- By e-mail: [support@Grants.gov](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding Federal holidays.

**Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.**

#### **Option 2: SAMHSA**

**If the issue is not resolved and you continue to experience problems, contact SAMHSA at [dfcnew@samhsa.gov](mailto:dfcnew@samhsa.gov) or by phone at 240-276-1270 for assistance.** Please contact SAMHSA at least five business days prior to the submission deadline. Please be prepared to describe the issue(s) you are experiencing.

### **IV. Waiver Request Process**

Some applicants living in remote and rural areas may be unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship.

Only in these cases may applicants request a waiver of the electronic submission requirement. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

**All applicants must register in SAM and Grants.gov, even those who intend to request a waiver.** If you do not have an active SAM registration prior to submitting your DFC application, it will be screened out and returned to you without peer review. See directions for registering in SAM and on Grants.gov above.

A written waiver request **must** be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this FOA. The request **must** be either e-mailed to [DGR.Waivers@samhsa.hhs.gov](mailto:DGR.Waivers@samhsa.hhs.gov), or mailed to:

Diane Abbate, Director of Grant Review  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD 20857

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information **must** be included:

- SAMHSA FOA title and announcement number;
- Name, address, and telephone number of the applicant organization as it will appear in the application;
- Applicant organization's DUNS number;
- Authorized Organization Representative (AOR) for the named applicant;
- Name, telephone number, and e-mail of the applicant organization's contact person for the waiver; and
- Description of the physical location and how it is not accessible to the Internet.

The Division of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/delivery (if the waiver request was received by mail) the waiver decision to the contact person no later than seven calendar days prior to the application due date. **If the waiver is approved, a paper application must be submitted.** The written approval **must** be included as the cover page of the paper application and the application **must** be received by the due date. SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand-carried. If the waiver is disapproved, the applicant organization **must** submit through Grants.gov or forfeit the opportunity to apply. A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval **must** be included as the cover page of each



paper application. The organization and DUNS number named in the waiver **must** be identical to those numbers provided in any subsequent application.

A paper application without the waiver approval **will not** be accepted and will be returned to the applicant. Paper applications received after the due date **will not** be accepted.

## Appendix D – Coalition Involvement Agreements

As **Attachment 1**, applicants **must** include one Coalition Involvement Agreement (CIA) for each coalition sector representative. The following page provides a sample CIA. By signing a CIA, an individual is affirming that he/she represents a specific sector within the coalition. The 12 completed CIAs indicate compliance with the 12 sectors eligibility requirement (see Table 1).

### **General Information:**

- CIAs **must not** be more than 12 months old at the time the application is submitted.
- CIAs **must** be hand-signed and hand-dated. Do **not** use typed/electronic signatures. The same individual **cannot** sign a CIA as both the sector representative and the coalition representative.
- There **must** be one completed CIA for each sector. Do not provide more than 12 CIAs. American Indian and Alaska Native applicants *may include more than 12 CIAs as needed*.
- A coalition sector representative **must not** represent more than one of the 12 sectors. Choose the individual who best represents each of the 12 sectors.
- Paid coalition staff (current or proposed) and the individual signing as the coalition representative **cannot** serve as a coalition sector representative.

### **Instructions for Completing the CIA Form**

Applicant coalitions have two options for meeting these requirements.

**Option 1:** If your coalition already has 12 hand-signed and hand-dated agreements with each of the required sectors, these can be used in lieu of the CIA templates provided in this FOA. Table 19 below **must** be included at the top of each CIA.

**Option 2:** Use the CIA forms provided below.

Using the headings in the five columns provided below, complete a CIA for each required sector representative. Remove the italicized language and enter the correct information.

Because the CIA is an agreement between the coalition and the selected sector representatives, the applicant should identify the agreed upon responsibilities for both the coalition and the sector representative.

## Coalition Involvement Agreement (CIA) Table

This is a template for the CIA Table that **must** be included at the top of each CIA. Fill in the empty cells in the table below and include the completed table in the application with Attachment 1, Coalition Involvement Agreement. **Note:** For the youth sector representative, the member's age **must** be listed.

**Table 19:**

| <b>Sector</b>   | <b>Member Name</b>              | <b>Organization Name</b>                  | <b>Rationale for Selection</b>  |
|---|---------------------------------|---|---|
| <i>Insert one for each of the 12 sectors.</i>   | <i>Insert Individual's Name</i> | <i>Insert Organization Name</i>           | <i>Explain Briefly</i>  |
| “State, Local or Tribal Government Agency with Expertise in the Field of Substance Abuse” | Ms. Dee F. Cee                  | County Substance Abuse Prevention Council | Provides support, training, and guidance to prevention service providers and coalitions in the catchment area of the coalition. |

## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector   | Member Name | Organization Name | Rationale for Selection |
|--|-------------|-------------------|-------------------------|
| <i>Youth</i>   |             |                   |                         |
| <b>Youth: An individual 18 years of age or younger (<u>must</u> provide age of youth).</b> |             |                   |                         |

This agreement between [Coalition name] and the **Youth Representative**, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **Youth Representative**, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.
6. Participating on at least one subcommittee.

7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector  | Member Name | Organization Name | Rationale for Selection |
|---|-------------|-------------------|-------------------------|
| <i>Parent</i>   |             |                   |                         |
| <b>Parent: An individual legally responsible for a child, grandchild or foster child.</b> |             |                   |                         |

This agreement between [Coalition name] and the **Parent Representative**, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **Parent Representative**, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.
6. Participating on at least one subcommittee.

7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

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## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector   | Member Name | Organization Name | Rationale for Selection |
|--|-------------|-------------------|-------------------------|
| <i>Business</i>  |             |                   |                         |
| <b><i>Business: A representative of a business-related organization.</i></b> |             |                   |                         |

This agreement between [Coalition name] and the **Business Representative**, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition Name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **Business Representative**, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.
6. Participating on at least one subcommittee.
7. Attending coalition sponsored trainings, town hall meetings, and other community events.



8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

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## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector   | Member Name | Organization Name | Rationale for Selection |
|--|-------------|-------------------|-------------------------|
| <i>Media</i>   |             |                   |                         |
| <b>Media: A representative of a communication outlet that provides information to the community.</b> |             |                   |                         |

This agreement between [Coalition name] and the **Media Representative**, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **Media Representative**, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.
6. Participating on at least one subcommittee.

7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

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## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector   | Member Name | Organization Name | Rationale for Selection |
|--|-------------|-------------------|-------------------------|
| <i>School</i>  |             |                   |                         |
| <b>School: A representative of the school system with influence in school policies and procedures.</b> |             |                   |                         |

This agreement between [Coalition name] and the **School Representative**, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **School Representative**, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.
6. Participating on at least one subcommittee.

7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

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## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector  | Member Name | Organization Name | Rationale for Selection |
|---|-------------|-------------------|-------------------------|
| <i>Youth Serving Organization</i>   |             |                   |                         |
| <b>Youth Serving Organization: A representative of an organization that provides services to youth.</b> |             |                   |                         |

This agreement between [Coalition name] and the **Youth Serving Organization Representative**, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **Youth Serving Organization Representative**, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.

6. Participating on at least one subcommittee.
7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

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## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector  | Member Name | Organization Name | Rationale for Selection |
|---|-------------|-------------------|-------------------------|
| <i>Law Enforcement</i>  |             |                   |                         |
| <b>Law Enforcement: A representative of a law enforcement agency. The representative <u>must</u> be an active sworn law enforcement officer, not retired.</b> |             |                   |                         |

This agreement between [Coalition name] and the **Law Enforcement Representative, [Name of sector representative]** shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **Law Enforcement Representative, [Name of sector representative]**, will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.



6. Participating on at least one subcommittee.
7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector   | Member Name | Organization Name | Rationale for Selection |
|--|-------------|-------------------|-------------------------|
| <i>Civic/Volunteer Organization</i>  |             |                   |                         |
| <b>Civic/Volunteer Group: A representative of an organization that provides civic or volunteer activities that serves the community (not a coalition member). Examples include Lions Clubs, Rotary Clubs, etc.</b> |             |                   |                         |

This agreement between [Coalition name] and the *Civic/Volunteer Organization Representative*, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The *Civic/Volunteer Organization Representative*, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.

- \_\_\_\_\_  
Official Coalition Representative's Name

  
  

\_\_\_\_\_  
Official Coalition Representative's Signature

  
  

\_\_\_\_\_    \_\_/\_\_/\_\_\_\_  
Title                          Date

\_\_\_\_\_  
Sector Representative's Name

  
  

\_\_\_\_\_  
Sector Representative's Signature

  
  

\_\_\_\_\_    \_\_/\_\_/\_\_\_\_  
Title                          Date

75

## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector  | Member Name | Organization Name | Rationale for Selection |
|---|-------------|-------------------|-------------------------|
| <i>Religious/Fraternal Organization</i>   |             |                   |                         |
| <b>Religious/Fraternal Organization: A representative of a faith-based organization. The representative's role <u>must</u> be of a leader, not just a member.</b> |             |                   |                         |

This agreement between [Coalition name] and the **Religious/Fraternal Organization Representative**, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **Religious/Fraternal Organization Representative**, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.

6. Participating on at least one subcommittee.
7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector   | Member Name | Organization Name | Rationale for Selection |
|--|-------------|-------------------|-------------------------|
| <i>Healthcare Professional</i>   |             |                   |                         |
| <b>Healthcare Professional: An individual and/or organization licensed to provide physical, mental, or behavioral healthcare services.</b> |             |                   |                         |

This agreement between [Coalition name] and the **Healthcare Professional Representative**, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The **Healthcare Professional Representative**, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.

6. Participating on at least one subcommittee.
7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector  | Member Name | Organization Name | Rationale for Selection |
|---|-------------|-------------------|-------------------------|
| <i>State/Local/Tribal Government</i>  |             |                   |                         |
| <b>State/Local/Tribal Government: A representative of a government-funded agency with a focus on substance abuse.</b> |             |                   |                         |

This agreement between [Coalition name] and the *State/Local/Tribal Government Representative*, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition Name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The *State/Local/Tribal Government Representative*, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings which are held on a [     ] basis.



6. Participating on at least one subcommittee.
7. Attending coalition sponsored trainings, town hall meetings, and other community events.
8. Contributing to the strategic action planning process.
9. Participating in sustaining the coalition's capacity, involvement, and goals.
10. Preventing youth substance use through environmental strategies.
11. Using his/her activities as match, if applicable.
12. Other(s), etc.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Sector Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

## Coalition Involvement Agreement (CIA)

**Table 19: CIA Information Table**

| Sector   | Member Name | Organization Name | Rationale for Selection |
|--|-------------|-------------------|-------------------------|
| <i>Other Organization Involved in Reducing Substance Abuse</i>   |             |                   |                         |
| <b>Other Organization Involved in Reducing Substance Abuse: A representative of a community organization that addresses substance abuse.</b> |             |                   |                         |

This agreement between [Coalition name] and the *Other Organization Involved in Reducing Substance Abuse Representative*, [Name of sector representative] shall be from [Month/Date/Year] until terminated by a mutual accord. This agreement will be reevaluated by both parties on a yearly basis.

**NOTE:** Any items listed below should be unique to the sector representatives and/or the affiliated organization.

[Coalition name] will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic 12-Month Action Plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of [Coalition name] members to hold their own opinions and beliefs.
8. Other(s), etc.

The *Other Organization Involved in Reducing Substance Abuse Representative*, [Name of sector representative], will be responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.

- |   |   |
|---|---|
| <hr/> Official Coalition Representative's Name      | <hr/> Sector Representative's Name      |
| <hr/> Official Coalition Representative's Signature | <hr/> Sector Representative's Signature |
| <hr/> Title   | <hr/> Title                             |
| <hr/> Date  | <hr/> Date                              |

83

## Appendix E – Assurance of Legal Eligibility

As **Attachment 4**, attach either [Appendix E](#) or [Appendix F](#). If the coalition is applying for this grant on its own behalf use Appendix E. If the coalition is partnering with an outside agency as its grant award recipient/legal applicant, use [Appendix F](#).

A coalition applying on its own behalf **must** answer the following questions and sign below.

1. Is the coalition serving as its own legal grant award recipient?

Yes [ ]      No [ ]

2. Is the coalition's name listed in Item #8 on the SF-424 (face page) of this application?

Yes [ ]      No [ ]

If the answer to **any** of these questions is “no”, then the coalition **must** enter into a relationship with an entity eligible to receive Federal funds and submit a **Memorandum of Understanding (MOU)** (see [Appendix F](#)) and include as **Attachment 4**.

If the answer to both of these questions is “yes”, the applicant coalition **must** sign and date the Statement of Legal Eligibility below and **include as Attachment 4**.

### Statement of Legal Eligibility

I, *[Coalition Representative]* hereby certify that *[Coalition Name]* is legally eligible to receive Federal funding.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Official Coalition Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title                                      Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

## Appendix F – Memorandum of Understanding between Grant Award Recipient/Legal Applicant and Coalition

As **Attachment 4**, attach either [Appendix E](#) or [Appendix F](#). Use [Appendix E](#) if the coalition is applying for this grant on its own behalf. Use [Appendix F](#) if the coalition is partnering with an outside agency as its grant award recipient/legal applicant. The outside agency cannot be a currently funded DFC grant recipient. The signatures on the Memorandum of Understanding (MOU) **must** include that of the grant recipient/legal applicant and the coalition. The date **must** not be older than 12 months at the time of application. A sample MOU is provided on the following page. The MOU submitted in the application should reflect the working relationship between the grant recipient/legal applicant and the coalition. Below are considerations when developing a relationship with an outside partnering agency serving as the grant recipient/legal applicant on behalf of a community coalition:

1. Through the Drug-Free Communities Act of 1997, it is the intent of Congress to fund the work of community coalitions addressing youth substance use. While it is allowable for the recipient to retain a portion for administration of the DFC grant, DFC funds are not meant to substantially supplement the budget of a partnering agency. **DFC funds are specifically intended to support the work of the community-based coalition.**
2. It is the intent of the DFC Support Program that a coalition's volunteer leadership **has a management role in all financial decisions related to a DFC grant** applied for on their behalf by a partnering organization.
3. The recipient and coalition may want to seek professional guidance such as an attorney and/or accountant when entering into such an agreement. Both the recipient and coalition should be fully aware of and understand the commitment in which they plan to enter.

### Accounting Requirements

Another consideration for applicants of this grant is the administration of accounts receivable and payable. In accordance with OMB Circular A-110, a Federal grant recipient **must** be capable of accounting for the expenditure of Federal funds. Upon award of grant funds, the grant recipient is subject to a Financial Capability Review. The review typically includes an examination of financial statements, including those contained in reports issued to stockholders, lending institutions, and SEC filings; cash flow forecasts; loan agreements and evidence showing compliance with these agreements; aging of accounts receivable and payable; and financial history of the grant recipient and affiliated concerns. Details discussed in this circular should be reviewed by the grant recipient/legal applicant.

For further assistance on understanding issues regarding the grant recipient's role, responsibilities, or expectations, contact SAMHSA's Division of Grants Management at 240-276-1400.

## **Sample Memorandum of Understanding between Grant Award Recipient/Legal Applicant and Coalition Sample**

This agreement between *[Grant Award Recipient/Legal Applicant]* and *[Coalition name]* shall be from *[Month/Date/Year]* until terminated by mutual agreement:

### **RESPONSIBILITIES OF THE COALITION:**

- a. Set policy for and oversee its own programs including goals and objectives in alignment with the DFC Support Program's Terms and Conditions.
- b. Participate, advise, and/or direct staff and volunteers, set goals and objectives for contract employees, and negotiate and make recommendations for contracts in collaboration with the grant recipient/legal applicant.
- c. Create, approve, and partner in the management of the DFC budget in compliance with grant requirements.
- d. Provide copies of all required documentation to the grant recipient/legal applicant as requested.
- e. Reimburse grant recipient/legal applicant for any indirect or direct expenses incurred by the coalition with prior approval.
- f. Be solely responsible for liabilities arising out of its program and its interaction with program participants.
- g. Other...

### **RESPONSIBILITIES OF THE LEGAL APPLICANT/GRANT RECIPIENT:**

- a. Provide the coalition staff with office space.
- b. Compile financial reports on a mutually agreed upon schedule and provide to coalition.
- c. Provide accounting services to prepare and distribute payroll, pay invoices, prepare and submit the appropriate forms for employment, wages and payroll taxes on behalf of the coalition.
- d. Negotiate and/or bid and approve contracts in collaboration with the coalition.
- e. Maintain all records pertaining to costs and expenses to reflect costs of labor, materials, equipment, supplies, services, and other costs and expenses when reimbursement is claimed or payment is made and share such information with the coalition.
- f. Obtain Workman's Compensation Insurance and liability coverage for *the coalition's* employees.
- g. Other...

***[Grant Award Recipient/Legal Applicant]*** and ***[Coalition name]*** mutually agree to abide by all applicable Federal and state anti-discrimination statutes, regulations, policies, and procedures. This agreement shall be subject to all applicable provisions of state and Federal law and regulations related to the delivery and funding of grant activities.

\_\_\_\_\_  
Official Coalition Representative's Name

\_\_\_\_\_  
Grant Award Recipient/Legal Applicant's Name

\_\_\_\_\_  
Official Coalition Representative's  
Signature

\_\_\_\_\_  
Grant Award Recipient/Legal Applicant's  
Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

## Appendix G – Assurance of One DFC Grant at a Time

As **Attachment 6**, the grant recipient/legal applicant should read the statement below and sign and date this document to assure that it will not hold more than one DFC grant at any time during the FY 2016-2021 funding cycle.

**NOTE:** DFC Mentoring and STOP ACT grants are in a separate category and do not apply to this assurance.

### Applicant Assurance of One DFC at a Time

I attest that the [*Legal Applicant/Grant Recipient*] will be in receipt of only one DFC grant during the 2016-2021 funding cycle.

---

Authorized Official's Name for the  
Legal Applicant/Grant Recipient

---

Authorized Official's Signature for  
the Legal Applicant/Grant Recipient

---

Title

---

Organization/Agency

---

Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.



## Appendix H – Assurance of DFC 10-Year Funding Limit

Under the DFC Act, a coalition **may not** receive more than 10-years of DFC funding. A legal applicant/grant recipient may receive DFC funds on behalf of a coalition if that coalition has not received a full 10 years of funding.

**Attachment 7** requires the legal applicant/grant recipient and the Official Coalition Representative (i.e. Key Personnel, Executive Board Member) to read, sign, and date this document to assure the coalition has not already received **10-years** of DFC funding. Under all situations, a coalition **may not** receive more than 10 years of DFC funding.

Specific restrictions on DFC legal applicant/grant recipients and coalitions are outlined below.

### I. Restrictions on legal applicant/grant recipients:

1. A legal applicant/grant recipient may be the grant recipient agency for only one DFC coalition at a time.
2. An organization serving as the legal applicant/grant recipient **may not** receive DFC funds on behalf of a coalition that has had 10 years of DFC funding.
3. A legal applicant/grant recipient that has already received 10-years of DFC funding may apply for DFC funds on behalf of a coalition that has had less than 10 years of funding.
4. A legal applicant/grant recipient that has already received 10-years of DFC grant funding on behalf of a coalition may apply for DFC funds on behalf of any coalition that is considered to be “new” that is unique and distinct from a coalition that has already received 10-years of DFC funding.

### II. Restrictions on 501(c)(3) coalitions:

1. A coalition that is its own legal applicant/grant recipient (i.e. 501(c)(3)) may receive no more than 10-years of DFC funding. A coalition that has received 10-years of DFC funding (through one or more legal applicant/grant recipients) may not receive further DFC funding.
2. In order to apply for DFC funding a coalition must prove that it is a completely different coalition (from the one previously funded with DFC grant funds). It **must** provide evidence within the application, to the satisfaction of the DFC grant review officials, that it is in fact new, unique, and distinct from any previously DFC funded coalition. New coalition factors include:
  - a. The proposed new, unique, and distinct coalition **must** be made up of different leadership and sector representatives from the community.
  - b. The proposed new, unique, and distinct coalition **must** have a different 12-Month Action Plan responding to a newly identified community needs assessment.
  - c. The proposed new, unique, and distinct coalition **must** have a new name and mission statement.

- d. 12-Month Action Plan from the originally funded coalition **may not** be repurposed, reorganized, and/or renamed in order to receive funds through the DFC Program as a new, unique, and distinct coalition.
2. If additional information is indicated to determine your coalition status as a new, unique, and distinct coalition, the Business Official will be notified that additional information will be required.

**All applications will be thoroughly reviewed to ensure compliance with the 10-Year Funding Limit. It is important that all applicants understand that providing false or misleading information is unlawful and subject to criminal penalties, 18 USC1001.**

I attest that *[Coalition Name]* is in compliance with the 10-Year Funding Limit Policy. **I also attest that the information provided on this form is true and correct. I understand that providing false or misleading information is unlawful and subject to criminal penalties, 18 USC1001.**

\_\_\_\_\_  
Name of Authorized Official of  
Legal Applicant/Grant Recipient

\_\_\_\_\_  
Name of Official Coalition Representative

\_\_\_\_\_  
Signature of Authorized Official  
Legal Applicant/Grant Recipient

\_\_\_\_\_  
Signature of Official Coalition Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization/Agency

\_\_\_\_\_  
Organization/Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review.

## **Appendix I – Key Personnel Resumes, CV’s, and Position Descriptions**

**As Attachment 8**, applicants **must** include a resume (no longer than two pages) and a position description (no longer than one page) for the Program Director and Project Coordinator (key personnel). If key personnel has been selected but not yet hired, include a position description and a letter of commitment from that individual along with a resume. If no individual has been identified, a position description is still required, along with a brief hiring plan and related timeframe.

In lieu of a resume, existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether Federal, non-Federal, or institutional, available to the Program Director/Project Coordinator (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

### **Position Description**

1. Title of position (Program Director and Project Coordinator)
2. Description of duties and responsibilities
3. Qualifications required for the position
4. Supervisory requirements, if indicated
5. Skills and knowledge required for the position
6. Amount of travel
7. Salary range
8. Full time/part time/monthly/weekly (hours per day)

## Appendix J – General Applicant Information

As **Attachment 9**, complete this table (2 pages) with the required information.

**Table 21: General Applicant Information**

| Information Required   | Response |
|--|----------|
| 1. Legal Applicant/Grant Recipient Name (Item 8 on SF-424)   |          |
| 2. Applicant Coalition Name (Item 15 of SF-424; if same as Grant Applicant Name, skip to question 3)   |          |
| 3. Program Director Name, Phone Number, and Email Address (individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation, and evaluation)                   |          |
| 4. Project Coordinator Name, Phone Number and Email Address (individual who coordinates the work of the coalition and DFC activities, including training, coalition communication, data collection, and information dissemination) |          |
| 5. Coalition Physical Mailing Address ( <b>No P.O. Boxes</b> )   |          |
| 6. Provide month, date, and year coalition was established (xx/xx/xxxx)  |          |
| 7. How long has the coalition been formally active? (i.e., 2 Years 1 month)  |          |
| 8. Legal Applicant/Grant Recipient Name, Phone Number, and Email Address (the person legally charged with the programmatic and fiscal oversight grant) (e.g., Business Official or Authorized Representative)                      |          |
| 9. Grant Award Recipient/Legal Applicant Physical Mailing Address ( <b>No P.O. Boxes</b> )   |          |
| 10. List Federal Congressional Districts served by coalition. Go to <a href="http://www.house.gov">http://www.house.gov</a> for more information. (Item 16 on SF-424)  |          |
| 11. Geographical boundaries served by the coalition (e.g., city, county, streets, township, pueblo, reservations, villages, etc.)  |          |
| 12. List all zip codes served by the coalition. Go to: <a href="https://tools.usps.com/go/ZipLookupAction!input.action">https://tools.usps.com/go/ZipLookupAction!input.action</a>   |          |
| 13. Approximate total population served by the coalition   |          |

| Information Required   | Response |
|--|----------|
| 14. Total number of students in grades 6-12 in schools/districts served by coalition.  |          |
| 15. Coalition <b>must</b> identify service area as “rural”, “urban”, and “suburban” (see <a href="#">Appendix Q</a> ). Applicants <b>must choose only one response</b> .   |          |
| 16. Coalition <b>must</b> identify if the service area is “Economically Disadvantaged” (see <a href="#">Appendix Q</a> ). Indicate yes or no.  |          |
| 17. Does the coalition serve a Federally recognized tribal area? Indicate yes or no. If yes, applicant <b>must</b> provide the name of tribe.  |          |
| 18. Does the coalition have representation that includes at least one representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance abuse? Indicate yes or no. If yes, applicant <b>must</b> identify the representative’s name and organizational entity. |          |
| 19. Provide the contact information for the proposed evaluator, if applicable, for the DFC grant. Applicant <b>must</b> include name, phone number, and e-mail address.  |          |
| 20. Is the applicant a religious or faith-based organization? Indicate yes or no.  |          |
| 21. Has the applicant coalition been mentored through DFC’s Mentoring Grant Program? Indicate yes or no. If yes, provide Mentoring Grant’s Award Number (SPO-xxxxx).   |          |
| 22. Provide the date you registered the applicant in the SAM. <b>Note: Failure to have an active registration will make your application ineligible.</b>   |          |

## Appendix K – Intergovernmental Review (E.O. 12372) Requirements

### States with SPOCs

As **Attachment 10**, read this section and determine if this is a requirement for your state. This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs can be downloaded from the Office of Management and Budget (OMB) website at [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc).

- Check the list to determine whether your state participates in this program. You are not required to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.
- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SP-16-001. Change the zip code to 20850 if you are using another delivery service.

### States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you **must** submit a Public Health System Impact Statement (PHSIS)<sup>2</sup> to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of

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<sup>2</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- A copy of the face page of the application (SF-424); and
- A summary of the project, no longer than one page in length that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse. A listing of the SSAs for substance abuse can be found on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

You **must** include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 10, "Letter to the SSA."** The letter **must** notify the state that if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SP-16-001. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any state comments.
- The applicant **must** notify the SSA within 30 days of receipt of an award.

## Appendix L – Disclosure of All Prior DFC Funding

As **Attachment 11**, indicate the status of the grant award recipient/legal applicant coalition or noncoalition entity by completing both the checklist and the table below. At the bottom sign and date the form. **Do not include information about STOP Act or DFC Mentoring grants on this form.** Indicate your status with respect to DFC funds by checking the appropriate box below.

Coalition:

- ☐ Coalition has had no prior DFC funding  
☐ Coalition applicant formerly funded through DFC

Legal applicant/grant recipient:

- ☐ Legal applicant/grant recipient for a coalition that has had no prior DFC funding  
☐ Legal applicant/grant recipient for a coalition(s) funded through DFC for \_\_\_\_\_ years

List in the table below all of the DFC funding ever received. Add as many rows as needed to include all required information.

**Table 22: Disclosure of All Prior DFC Funding**

| <b>Fiscal Year of Funding</b> | <b>DFC Award Number(s)<br/>(for current and all previous years)</b> | <b>Legal Applicant/<br/>Grant Award Recipient</b> | <b>Coalition Name</b> | <b>Names of Key Personnel (Program Director and Project Coordinator)</b> |
|-------------------------------|---|---|-----------------------|--|
|                               |   |   |                       |  |

By signing below, I attest that *[organizational applicant name]* is applying for Year *[enter year number]* of DFC funding. I also attest that the information provided in the above table is true and correct.

**NOTE:** All forms cannot be more than 12 months old at the time of application and require handwritten signatures and dates or they will be screened out and not move forward to peer review. Providing false or misleading information is unlawful and subject to criminal penalties, 18 USC1001.

\_\_\_\_\_  
 Authorized Official for  
 Legal Applicant/Grant Recipient (Print)

\_\_\_\_\_  
 Official Coalition Representative (Print)

\_\_\_\_\_  
 Authorized Official Signature for  
 Legal Applicant/Grant Recipient

\_\_\_\_\_  
 Signature for Official Coalition Representative



---

Title

---

Organization/Agency

---

Date

---

Title

---

Organization/Agency

---

Date

## Appendix M – DFC National Cross-Site Evaluation Requirements

As **Attachment 12**, the legal applicant/grant recipient and/or official coalition representative **must** indicate the coalition's ability to meet the DFC National Cross-Site Evaluation requirements by completing Table 23 below.

The DFC Support Program collects four core measures to determine the effectiveness of the DFC Support Program. The four core measures are:

1. Past 30-day use
2. Perception of risk or harm of use
3. Perception of parental disapproval of use
4. Perception of peer disapproval of use

Each of the above core measures **must** be collected and reported **every two years**, in at **least three grades** between grades 6<sup>th</sup>-12<sup>th</sup> and on **four substances** (alcohol, tobacco, marijuana, and prescription drugs). It is strongly recommended that data be collected in both middle school grade(s) and in high school grade(s). Grant recipients are allowed to collect additional data as they see fit to meet their local and coalition evaluation needs.

**Table 23: DFC National Cross-Site Evaluation Requirements**

| Questions   | Answer |
|---|--------|
| Name of the primary survey instrument to be used to collect data required to obtain the four core measures:<br><br>1. Past 30-day use<br>2. Perception of risk or harm of use<br>3. Perception of parental disapproval of use<br>4. Perception of peer disapproval of use |        |
| How often/when will the survey(s) be administered and collected?  |        |
| What, if any, supplemental survey(s) instrument and/or data will be used to meet the DFC National Cross-Site Evaluation requirements?   |        |
| On what date was the data collected to answer Question 2 of the Project Narrative?  |        |

## Appendix N – Sample Congressional Notification

As Attachment 13, applicants **must** follow the exact format below and include the **completed Congressional Notification**. The Project Description for the Congressional Notification **must not** exceed 35 lines nor exceed more than one page. If the application is funded this information will be shared with members of Congress and the media, and may be posted to the DFC website.

Grant Award SPO# (if applicable)

Coalition Name:

Grant Recipient Organization:

Coalition Community:

Grant Recipient Contact Name:

Grant Recipient Contact Mailing Address:

Grant Recipient Contact E-Mail Address:

Grant Recipient Contact Phone:

Coalition Contact Name:

Coalition Contact Mailing Address:

Coalition Contact E-Mail Address:

Coalition Contact Phone:

[Name of State]

Serving Federal Congressional District(s): [ ]

Coalition Located in Federal Congressional District: [ ]

### Project Description

The [*Coalition Name*] was awarded a FY 2016 Drug-Free Communities Support Program grant in the amount of \$ [fill in amount requested] by the White House Office of National Drug Control Policy, in cooperation with the Substance Abuse and Mental Health Services Administration. The Coalition serves [*Community/Town*], [*State*], a community of [*total population*]. The goals of the coalition are to establish and strengthen community collaboration in support of local efforts to prevent youth substance use. The coalition will achieve its goals by implementing these strategies [*Provide a one-sentence description on your strategies. Coalitions may also provide a description of special efforts, initiatives, and/or approaches (i.e. drugged driving, opioid prevention, etc.)*]:

## Appendix O – Pre-Submission Verification Checklist

Use the checklist below to ensure that the application meets all submission requirements. **Please place an “X” beside each item that has been completed. Include this completed verification as the last page of the application.** **NOTE:** This checklist is not the same as the required Checklist found in the Grant Application Package. You **must** include **both** checklists.

**Table 24: Pre-Submission Verification**

| Items to Complete  | “X” if Completed |
|--|------------------|
| Did you complete and sign the Application for Federal Assistance Form (SF-424)?  |                  |
| Did you complete Sections B, C, and E of the Non-Construction Budget Worksheet (SF-424A)?  |                  |
| Did you include a Table of Contents and number it page 1?  |                  |
| Did you include a Community Overview after the Table of Contents (page 2)?   |                  |
| Is your Project Narrative (scored section) no longer than <b>25 pages</b> ?  |                  |
| Does your Project Narrative address all <b>5</b> FY 2016 FOA questions in Section 5.2?   |                  |
| Did you include the 12 Month Coalition Action Plan per Section 5.3.3)?   |                  |
| Is a one-year Budget Narrative and future years funding table included?  |                  |
| Did you include a lease agreement and floor plan for proposed cost for Rent, if applicable?  |                  |
| Did you include an Indirect Cost Rate Agreement for proposed indirect cost, if applicable?   |                  |
| Did you demonstrate that your coalition will meet the matching fund requirements (Budget Narrative, SF-424, and SF-424A)?  |                  |
| Did you meet all Statutory Eligibility Requirements (see Table 1 of this FOA)?   |                  |
| In Attachment 1, did you include one completed CIA for <b>each</b> of the 12 sector members (see <a href="#">Appendix D</a> ; including Table 19 on each CIA)?         |                  |
| In Attachment 2, did you provide two sets of coalition meeting minutes that took place between January 1, 2015 and the deadline for this application (March 18, 2016)? |                  |
| In Attachment 3, did you include the coalition’s Mission Statement?  |                  |

| Items to Complete   | “X” if Completed |
|---|------------------|
| In Attachment 4, did you include an Assurance of Legal Eligibility or a Memorandum of Understanding between Grant Award Recipients/Legal Applicant and Coalition (see <a href="#">Appendix E</a> or <a href="#">Appendix F</a> )? |                  |
| In Attachment 5, did you include Letter(s) of Mutual Cooperation, with other coalition(s) that are serving a same zip code or partial zip code area as the applicant coalition or a statement that there is no overlap?           |                  |
| In Attachment 6, did you include the Assurance of One DFC Grant at a Time (see <a href="#">Appendix G</a> )?  |                  |
| In Attachment 7, did you include Assurance of DFC 10-Year Funding Limit (see <a href="#">Appendix H</a> )?  |                  |
| In Attachment 8, did you include the required Program Director and Project Coordinator Resumes, CV’s and Position Descriptions (see <a href="#">Appendix I</a> )?   |                  |
| In Attachment 9, did you include the completed General Applicant Information Table 21 (see <a href="#">Appendix J</a> )?  |                  |
| In Attachment 10, did you include a copy of the letter to the SSA (see <a href="#">Appendix K</a> )?  |                  |
| In Attachment 11, did you include the Disclosure of All Prior DFC Funding (see <a href="#">Appendix L</a> )?  |                  |
| In Attachment 12, did you include the DFC National Cross-Site Evaluation Requirements form (see <a href="#">Appendix M</a> )?   |                  |
| In Attachment 13, did you include the Congressional Notification (see <a href="#">Appendix N</a> )?   |                  |
| Did you include the Certifications and other forms, i.e., HHS690 & SMA170, etc.   |                  |
| Did you include the Checklist found in the Grant Application Package as the next-to-last page of the application?   |                  |
| Is this completed Pre-Submission Verification Checklist the last page of the application (see <a href="#">Appendix O</a> )?   |                  |

## Appendix P – Application Scoring Criteria

Applications will be screened jointly by ONDCP and SAMHSA to determine whether they meet all Statutory Eligibility Requirements as outlined in this FOA. Applications that meet all Statutory Eligibility Requirements will then be peer reviewed and scored by an Independent Review Group (IRG).

The IRG will score **each bullet** for questions 5.3.1, 5.3.2, 5.3.4, and 5.3.5 (in Section V) using the following criteria and definitions of each descriptor. In the event an applicant cannot respond to a specific bullet, the applicant **must** explain why they are unable to respond and offer a possible solution. The Project Narrative will be scored by how well each of the bullets is answered.

**Outstanding:** The applicant organization explicitly addresses the bullet by providing comprehensive descriptions and thorough details. Pertinent examples and data are included to support the information presented. Relevant examples and data are included to support the information presented. The applicant organization demonstrates a strong, considered, and informed understanding of the topic and the level of detail provided reinforces each response and articulates or is connected to how the project will be implemented.

**Very Good:** The applicant organization provides significant descriptions and relevant and related details in addressing the bullet but the response is not entirely comprehensive. The applicant organization demonstrates a well-founded understanding of the topic and includes pertinent examples. It is possible to distinguish what makes the response better than acceptable but not up to the standards of outstanding.

**Acceptable:** The applicant organization provides a limited but complete response to the bullet and does not include significant detail or fully pertinent information. Adequate descriptions, details, and examples are offered. The applicant organization minimally translates the requirements of the FOA into practice.

**Marginal:** The applicant organization provides insufficient information, details and/or descriptions that do not completely answer the bullet. The applicant may have answered part of the bullet but missed a key point and/or there are major gaps in the information presented. Limited information is presented.

**Unacceptable:** The applicant organization does not address the bullet. The applicant organization states the question, but does not elaborate on the response. The applicant merely repeats information included in the FOA. The applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question.

The IRG will provide an **overall rating** for question 5.3.3, the 12-Month Action Plan, using the following definitions of each descriptor:

**Outstanding:** The 12-Month Action Plan fully addresses both DFC goals. It includes measurable objectives that coincide with problems identified in the data provided in Question X of the Project Narrative. The strategies and activities included must be comprehensive and unique to the population to be served. The 12-Month Action Plan's strategies and activities must correspond to the accomplishment of each objective. The 12-Month Action Plan fully meets all four of the following requirements:

1. The template provided in Table 4 is used;
2. The two DFC goals are included (Goal One: Increase community collaboration and Goal Two: Reduce youth substance use);
3. The objectives are measurable and must include the following elements:
  - the type of change;
  - how much change will occur, including the specific amount of increase or decrease;
  - the specific population to be addressed (if population is youth, the ages of youth or grade level are identified);
  - a specific date (Month/Year) by when change will be accomplished; and
  - indicates how change will be measured.
4. At least two named substances are addressed.

**Example of a measurable objective:** By 9/29/17 (specific date) increase by 5% (amount of change) perception of peer disapproval of alcohol use (type of change) among 8th, 10th, and 12th grade students (population to be addressed) as determined by a youth survey result (how change will be measured).

**Very Good:** The 12-Month Action Plan addresses the two DFC goals; however, it may not be fully comprehensive or completely correspond with the strategies and activities related to each objective. The 12-Month Action Plan meets the majority of the following requirements:

1. The template provided in Table 4 is used;
2. The two DFC goals are included (Goal One: Increase community collaboration and Goal Two: Reduce youth substance use);
3. The objectives are measurable and must include the following elements:
  - the type of change;
  - how much change will occur, including the specific amount of increase or decrease;
  - the specific population to be addressed (if population is youth, the ages of youth or grade level are identified);
  - a specific date (Month/Year) by when change will be accomplished; and
  - indicates how change will be measured.
4. At least two named substances are addressed.

**Acceptable:** The 12-Month Action Plan **addresses the two DFC goals**. It may not fully correspond with the strategies and activities to allow all objectives to be met. **Not all** of the objective elements are included and/or measurable. The 12-Month Action Plan satisfactorily meets the following requirements:

1. The template provided in Table 4 is used;

2. The two DFC goals are included (Goal One: Increase community collaboration and Goal Two: Reduce youth substance use);
3. The objectives are measurable and **must** include the following elements:
  - the type of change;
  - how much change will occur, including the specific amount of increase or decrease;
  - the specific population to be addressed (if population is youth, the ages of youth or grade level **are** identified);
  - a specific date (Month/Year) by when change will be accomplished; and
  - indicates how change will be measured.
4. At least two named substances are addressed.

**Marginal:** The 12-Month Action Plan **inadequately addresses the two DFC goals**. It insufficiently addresses the strategies and activities related to each objective. The strategies and activities are deficient and may not allow the objectives to be met. **Few** objective elements are included and/or measurable.

**Unacceptable:** The 12-Month Action Plan **does not address the two DFC goals**. It lacks or fails to document or address the criteria required for the 12-Month Action Plan. The strategies and activities do not correspond to the objectives. Additionally, strategies and activities do not allow objectives to be met. Objectives are **not** measurable and fail to address the four elements discussed above. The required template is not used.

**Point scale ranges are provided below and are in order from Question 1 to Question 5:**

**Question 1 will be scored using the following 10 point scale:**

| <u>Outstanding</u><br>point range: | <u>Very Good</u><br>point range: | <u>Acceptable</u><br>point range: | <u>Marginal</u><br>point range: | <u>Unacceptable</u><br>point range: |
|------------------------------------|----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| 10-9                               | 8                                | 7                                 | 6                               | 5-0                                 |

**Question 2 will be scored using the following 25 point scale:**

| <u>Outstanding</u><br>point range: | <u>Very Good</u><br>point range: | <u>Acceptable</u><br>point range: | <u>Marginal</u><br>point range: | <u>Unacceptable</u><br>point range: |
|------------------------------------|----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| 25-23                              | 22-20                            | 19-18                             | 17-15                           | 14-0                                |

**Question 3 (12-Month Action Plan) will be scored using the following 30 point scale:**

| <u>Outstanding</u><br>point range: | <u>Very Good</u><br>point range: | <u>Acceptable</u><br>point range: | <u>Marginal</u><br>point range: | <u>Unacceptable</u><br>point range: |
|------------------------------------|----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| 30-27                              | 26-24                            | 23-21                             | 20-18                           | 17-0                                |



**Question 4 will be scored using the following 20 point scale:**

| <u>Outstanding</u><br>point range: | <u>Very Good</u><br>point range: | <u>Acceptable</u><br>point range: | <u>Marginal</u><br>point range: | <u>Unacceptable</u><br>point range: |
|------------------------------------|----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| 20-18                              | 17-16                            | 15-14                             | 13-12                           | 11-0                                |

**Question 5 will be scored using the following 15 point scale:**

| <u>Outstanding</u><br>point range: | <u>Very Good</u><br>point range: | <u>Acceptable</u><br>point range: | <u>Marginal</u><br>point range: | <u>Unacceptable</u><br>point range: |
|------------------------------------|----------------------------------|-----------------------------------|---------------------------------|-------------------------------------|
| 15-14                              | 13-12                            | 11                                | 10-9                            | 8-0                                 |

## Appendix Q – Glossary of Terms

**Activities:** Efforts, actions or initiatives conducted to achieve identified objectives. Example: Conduct three responsible beverage server trainings with 15 businesses represented at each training.

**Authorized Representative/Official:** The person authorized to sign the grant application as the official representative of the applicant organization and to act on behalf of the applicant and assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or awards, including the fiduciary authority/responsibility.

**Business Official:** The individual identified in the application as being the primary party responsible for overseeing the financial aspects of the grant (i.e. Authorized Representative/Official, Accountant, Bookkeeper). This is the individual who will receive the Notice of Grant Award (NoA) if funded and/or the IRG Summary Statement.

**Coalition Involvement Agreement (CIA):** A signed mutual agreement between the coalition and each one of its 12 sector members establishing the minimum expectations and contributions to be leveraged on behalf of the community, the coalition and the implementation of the DFC grant.

**Community-Level Change:** Change that occurs within the overall population of the community.

**Congressional District:** An electoral division of a state entitled to send one member to the US House of Representatives – this refers to the Federal Congressional District.

**Community Readiness:** The degree to which a community is prepared to take action on an issue.

**DFC Grant Recipient:** The grant recipient is the organizational entity that receives the DFC grant funds. For the purposes of this FOA, it is either a coalition that is a legally eligible entity (to receive Federal funds) or an agency that has agreed to partner (receive the DFC grant) on behalf of the coalition and serve as the legal applicant if awarded the grant.

**DFC Me:** DFC's Management and Evaluation system used for grant communications, progress reporting, and as a learning center for grant award recipients.

**Economically Disadvantaged Area:** An area with 20 percent or more children living in households below the poverty line as defined by the U.S. Census Bureau.

**Objectives:** What is to be accomplished during a specific period of time to move toward achievement of a goal. Measureable objectives **must** include the following elements:

- the type of change;
- how much change will occur, including the specific amount of increase or decrease;
- the specific population to be addressed (if population is youth, the ages of youth or grade level **are** identified);
- a specific date (Month/Year) by when change will be accomplished; and
- indicates how change will be measured.

**Example of a measurable objective:** By 9/29/17 (specific date) increase by 5% (amount of change) perception of peer disapproval of alcohol use (type of change) among 8th, 10th, and 12th grade students (population to be addressed) as determined by a youth survey result (how change will be measured).

**Rural:** According to the Drug-Free Communities Act of 1997, rural is defined as a county with a population that does not exceed 30,000 individuals.

**Social Indicator Data:** Numerical measures that describe the well-being of individuals or communities. Indicators are comprised of one variable or several components combined into an index. They are used to describe and evaluate community well-being in terms of social, economic, and psychological welfare. Community-level social indicators can be useful in community assessments for different purposes. An assessment to identify community issues and problems, for instance, might rely on such indicators as the incidence of a disease or medical condition either in the community at large, or in a particular social, ethnic, or geographic group. For example, in the substance use world, alcohol-related motor vehicle accidents can speak volumes about the community's alcohol use problem. Even something as seemingly harmless as the sales figures for alcohol may highlight a problem.

**Strategy:** An overarching strategic plan, action, initiative or policy approach designed to achieve a key or primary aim or objective the coalition intends to achieve intended results. Example: Increase enforcement of laws prohibiting the sale of alcohol to minors through compliance checks.

**Urban:** The Census Bureau classifies as "urban" all territory, population, and housing units located within an urbanized area (UA) or urban cluster (UC). It delineates UA and UC boundaries to encompass densely settled territory, which consists of: Core Census block groups or blocks that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per square mile.